OPEN PEER REVIEW

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As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://brief.land/kowsar/knowledgebase/category/tree.html#opr.html

Anesthesiology and Pain Medicine
Article DOI: 10.5812/aapm.100075
Published in: Anesthesiology and Pain Medicine: 10(2); e100075

Peer Review Report for "Effect of Different Levels of Positive End-Expiratory Pressure (PEEP) on Respiratory Status during Gynecologic Laparoscopy"

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Review Timeline:

Submit Date: 10 Dec 2019
Revised Date: 5 Feb 2020
Accepted Date: 13 Feb 2020

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0)

16 Jan 2020

Dear AE,
Please define the corrections by high-light. There are some comments which should be addressed by the author:
TITLE:
1. Title should be mentioned: “Clinical Trial.”
Patients and Methods:
Study population:
2. [Patients were excluded from the study if they had ASA physical status II or more] but at
Abstract:
3. Methods: it has been written: [In this clinical trial, 60 patients with ASA I, II (!!)were randomly assigned] Correct this mismatching.
settings and locations

4. It should be addressed where the data were collected (university, private hospital: 1st, 2nd, 3rd hospital, day clinic- one /two/three centers)
5. Inclusion criteria were defined on the 4th line, but it is not correct to add one item to exclusion criteria as “opposite the same item of Inclusion criteria.”
6. Prospectively on 60 patients (American Society of Anesthesiologists [ASA]. In this magazine, every reader knows what ASA is. So explaining such abbreviations is not essential.
Results
7. Demographics data should be in a table, not in details in the text of Results (age, years, weight, height)
8. Complications and treatment after operation: [The most frequent complication after pneumoperitoneum induction was dysrhythmia which occurred in nine patients (15%) and mainly in the ZEEP group] but in the Abstract it has been mentioned: [frequency of dysrhythmia in the use of PEEP in controlled ventilation was significantly lower in patients with ZEEP] And in the Discussion at 7th paragraph has been written: “Dysrhythmia …. was significantly lower in the PEEP10” Correct these mismatches.
9. As can be seen in Table 3. (Complications, etc.), the number of Dysrhythmia in ZEEP (n=20) & PEEP5 (n=20) groups are equal; both are 4 (20)!!! This matching should be corrected too.
Discussion.
10. As one concern of PEEP10 administration is the detriment of hemodynamic, it is essential to discuss this point (whether administering PEEP10 impairment the hemodynamic or not in which amount ?) in the Discussion.
11. In our study, MAP increased 10 to 30 minutes after pneumoperitoneum induction and animal species (20). Change this sentence to “Although in our study MAP increased 20±10 minutes after pneumoperitoneum induction, …..and animal species (20).
Conclusion
12. Effect of PEEP10 administration on hemodynamic and its amount » is better to add in this part of the manuscript.
Thanks

REFEREE: Reviewer | **Revision** (0) 25 Jan 2020

Dear AE,
There are some comments which should be addressed by the author:
1- Identification as a randomized trial in the title.
2- Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned.
3- In the methods session: I do not understand two points.
*adrenaline (0.1 - 5 mg) was infused to maintain the anesthesia; otherwise, patients were excluded from the study.
*received 1 - 12 mL/kg/h normal saline.
Thanks

REFEREE: Associate Editor | **Revision** (0) 29 Jan 2020

Dear EIC,
The manuscript is studied, and there are some comments which should be addressed by the author. According to the comments, the document needs major revision.
Kind regards

REFEREE: EIC | **Revision** (0) 29 Jan 2020

Dear Author,
The reviewers' comments are mentioned. Please carefully correct the details mentioned above according to the reviewers' request.
Thanks

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Dear Editor-in-Chief of the International Journal of Anesthesiology and Pain Medicine,

We greatly appreciate the opportunity you have provided us to revise and resubmit our manuscript (100075) entitled “Effect of Different Levels of Positive End-expiratory Pressure (PEEP) on Respiratory Status during Gynecologic Laparoscopy”. We eagerly read and evaluated the constructive and thoughtful comments of the honorable reviewers. Below you may kindly find our answers to reviewers’ comments.

- ***Reviewer: 1***
- ***Comments:***
- ***Title***

  1. Title should be mentioned: “Clinical Trial”
- **Response:** “clinical trial” is added to the title
- ***Patients and Methods:***
- ***Study population:***
- ***2. [Patients were excluded from the study if they had ASA physical status II or more] but at Abstract: Methods: it has been written: [In this clinical trial, 60 patients with ASA I, II (!!) were randomly assigned] correct this mismatch settings and locations***
- **Response:** This error is corrected in the method section of the abstract.
- ***4. Where the data were collected should be addressed (university, private hospital: 1st, 2nd, 3rd hospital, day clinic … one /two/three… centers)***
- **Response:** We addressed the center were recruitment and data collection took place.
- ***5. Inclusion criteria were defined on 4th line but it is not correct to add one item to exclusion criteria as “opposite the same item of Inclusion criteria”***
- **Response:** We have removed the mentioned concern from the exclusion part.
- ***6. …prospectively on 60 patients (American Society of Anesthesiologists [ASA]. In this magazine every reader knows what is ASA. So, explaining such abbreviation is not essential.***

- **Response:** We removed the explanation of the ASA abbreviation.
- ***Results***

  7. Demographics data should be in a table, not in details in text of Results (age, years, weight, height)
- **Response:** We removed the demographic's data from the result.
- ***8. Complications and treatment after operation: [The most frequent complication after pneumoperitoneum induction was dysrhythmia which occurred in nine patients (15%) and mostly in ZEEP group] but in the Abstract it has been mentioned: [frequency of dysrhythmia in the use of PEEP in controlled ventilation was significantly lower in patients with ZEEP] And in the Discussion at 7th paragraph has been written: "Dysrhythmia …. was significantly lower in the PEEP10" Correct these mismatches.***
- **Response:** We thank the reviewer for this thoughtful comment. We corrected this error in the both abstract and discussion.
- ***9. As can be seen at Table 3. (Complications and,) the number of Dysrhythmia in ZEEP (n=20) & PEEP5 (n=20) group are equal, both are 4 (20)! This matching should be corrected too.***
- **Response:** We agree with the honorable reviewer. We checked the mismatches and corrected the result section which the reviewer addressed.
- ***Discussion.***
- ***10. As one concerns of PEEP10 administration is detrimention of hemodynamic so it is essential to discuss about this point (whether administer PEEP10 impairment the hemodynamic or not in which amount?) in the Discussion***
- **Response:** We would like to thank the reviewer for this comment. We discussed about the hemodynamic changes with each amount of PEEP in discussion section.

- ***11. Although in our study MAP increased 10 to 30 minutes after pneumoperitoneum induction….and animal species (20). Change this sentence to "Although in our study MAP increased 20±10 minutes after pneumoperitoneum induction, ….and animal species (20).***
- **Response:** This sentence is revised accordingly.
- ***Conclusion***
- ***12. « Effect of PEEP10 administration on hemodynamic and it's amount » is better to add in this part of manuscript.***
- **Response:** As the reviewer suggest we added the amount of PEEP administration and also its effect on hemodynamic.
- ***Reviewer 2:***
- ***1-Identification as a randomized trial in the title***
- **Response:** "clinical trial" is added to the title.
- ***2- Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned.***
- **Response:** The setting and the mechanism for randomization is added to the study population section.
- ***3- In method: I do not understand two points***
- ****adrenaline (0.1-5 mg) was infused to maintain the anesthesia, otherwise patients were excluded from the study. *received 1-12 ml/kg/h normal saline***
- **Response:** Patients were excluded from the study if their blood pressure and their heart rate didn't increase appropriately. We corrected this sentence in the result section. Also, patients received 10 to 12 ml\kg\h normal saline intravenously. We corrected this error in the result too.

Once again, I'd like to send you my sincere thanks for considering our manuscript for possible publication in your prestigious journal and I look forward receiving your kind decision.

Sincerely yours

OPEN PEER REVIEW

Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Associate Editor | **Revision** (1) 12 Feb 2020

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards

REFEREE: EIC | **Revision** (1) 13 Feb 2020

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks