OPEN PEER REVIEW

Open Peer Review (OPR)

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://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

Anesthesiology and Pain Medicine
Article DOI: 10.5812/aapm.100517
Published in: Anesthesiology and Pain Medicine: 10(2); e100517

Peer Review Report for "Comparison of Patient's Kidney Function Based on Kidney Disease Improving Global Outcomes (KDIGO) Criteria and Clinical Parameters in Isolated Coronary Artery Bypass Graft (CABG) Surgery in On-Pump and Off-pump Methods in Patients with Low Cardiac Output Syndrome (LCOS) After Surgery"

Author(s): Mehdi Fathi, Morteza Valaei, Amene Ghanbari, Reza Ghasemi, Mohsen Yaghubi

Review Timeline:

Submit Date:	26 Dec 2019
Revised Date:	10 Mar 2020
Accepted Date:	16 Mar 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) 18 Jan 2020

Dear AE,
The aim of this cohort study was to determine the effect of two different methods of coronary artery bypass graft surgery (off pump and on pump) on kidney function based on KDIGO criteria in patients with low cardiac output syndrome.
- The writing quality of paper is poor considering scientific, technical and grammatical point of view.
- Please define full phrase before using abbreviations in both Abstract and Main text.
- You did not state the number of each study group in Abstract, Also I cannot find primary and secondary endpoints in the Methods section of Abstract.
- What is the frequency of postop AKI in both groups. You must at least state the frequency

of severe kidney injury and p-value in Result section of abstract.
- Triglyceride level is not relevant to this study and should be deleted.
- Urine volume mostly related to using Mannitol during CPB , are yours patients received mannitol or lasix during CPB? please explain.
- We dont know totally about LVEF in preop. and postop. period.1?
- You concluded:(By the more acute kidney injury incidence in patients with On-pump versus Off-pump, and also the difference of intensive care unit stays and the weaning time in this group suggested that to the improvement of patient's clinical outcome and lowering the health costs, use the Off-pump method in patients undergoing CABG.) first of all I don't know the exact value of post op AKI in your patients. Secondary you can report the difference of AKI and cannot suggest to cardiac surgeons to perform CABG either off pump or on pump.!
- In Method sect please defin Inclusion criteria specially LCOS and LVEF
- Please full define KDIGO criteria in Method section.
- ACT for on pump patients must reach 480 sec (not 3501)
- You defined LCOS as The criteria that determine the LCOS included: the need for inotropic agents infusion (Dopamine, or Dobutamine, or Milrinone, or Norepinephrine, approximately 4 micrograms/kg/min for at least 12 hours after ICU entrance. But you must use equivalent dose of inotrops/vasopressors. you missed Epinephrine.
- In results you compared values before and after operation that need to paired t test statistical analysis but I didn't find it in the method section.
- There are a lot of irrelevant variables entered to Result and Discussion sections, please focuse mostly on LCOS and AKI in both groups.
_ Please demonstrate Demographic and clinical variables in both study groups as one or two tables.
- Title of Table must placed at top! of table
- Full English edit by an expert must done.
Thanks.

REFEREE: Reviewer | **Revision** (0) 20 Jan 2020

Dear AE,
1) It is not suitable to use an abbreviation in "TITLE".
2) I am not sure about the originality of "TITLE".
3) There is no accurate definition of low cardiac output syndrome, especially based on inotropic requirements.
4) Design of the study did not describe sufficiently.
5) In exclusion criteria: please explain when we use DHCA in CABG?
6) Measurement of Cr 6 h after surgery is not sufficient for study.
7) It is preferable to record urine output based on cc/kg/h.
8) It is not known that 52 patients were selected from how many patients underwent CABG?
9) Hemodynamic parameters (HR, SBP, DBP, and CVP) should be recorded in logical intervals.
10) Of the 41 referenced titles, only 5 have been in the past 3 years.
11) Basic revision is necessary in " WRITING".
Thanks.

REFEREE: Associate Editor | **Revision** (0) 21 Jan 2020

Dear EIC,
According to the reviewers' comments, there are multiple shortcomings in both scientific and writing viewpoints. Thus the manuscript could not be published in this form unless the authors totally RE-WRITE the manuscript and answer all of the requested items and correct shortcomings.
Sincerely yours

REFEREE: EIC | **Revision** (0) 21 Jan 2020

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs minor revision. Please follow their comments as requested.
Thanks.

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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.

Reply to Reviewer:

Reviewer 1:

- It is not suitable to use abbreviation in "TITLE".

Abbreviations was explained in the title

- I am not sure about originality of "TITLE".

The title is originally and the AKI was not assessed with KDIGO criteria in the past and in patients with LCOS after CABG.

- There is no accurate definition of low cardiac output syndrome, especially based on inotropic requirement.

The definition of LCOS was corrected.

- Design of study did not describe sufficiently.

The study design was corrected and explained in the method section.

- In exclusion criteria: please explain when we use DHCA in CABG?

This item was deleted.

- Measurement of Cr 6 h after surgery is not sufficient for study.

The creatinine values were defined and inserted in 6, 12, 84 and 48 hours after ICU entrance and analyze them.

- It is preferable to record urine output based on cc/kg/h.

Unfortunately, it is limitation of this study and mentioned in the manuscript.

- It is not known that 52 patients were selected from how many patients which underwent CABG?

In the primary section of the methods, was explained completely and also in the first paragraph in the results was explained.

- Basic revision is necessary in " WRITING".

The manuscript was edited as grammatically.

Reviewer 2:

- Please define full phrase before using abbreviations in both Abstract and Main text.

Abbreviations was explained in abstract and main text.

- You did not state the number of each study groups in Abstract, Also I cannot find primary and secondary endpoints in Methods section of Abstract.

The number of each study group was stated and endpoints in the Methods section of abstract.

- Triglyceride level is not relevant to this study and should be deleted.

Triglyceride level Was deleted.

- Urine volume mostly related to using Mannitol during CPB, are your patients received mannitol or Lasix during CPB? please explain.

This was explained in the Methods section. The patients that include to the study had not received any Lasix or Monnitol dose during CPB and after the first 6 hours of ICU entrance.

- We don’t know totally about LVEF in preop. and postop. period?

This was explained in Methods section and in the Results was corrected as methods.

- You concluded:(By the more acute kidney injury incidence in patients with On-pump versus Off-pump, and also the difference of intensive care unit stays and the weaning time in this group suggested that to the improvement of patient’s clinical outcome and lowering the health costs, use the Off-pump method in patients undergoing CABG.) first of all I don't know the exact value of post op AKI in your patients. Secondary you can report the difference of AKI and cannot suggest to cardiac surgeons to perform CABG either off pump or on pump.!

It was corrected.

-In Method sect please defin Inclusion criteria specially LCOS and LVEF

It was corrected.

- Please full define KDIGO criteria in Method section.

It was corrected.

- ACT for on pump patients must reach 480 sec (not 350)

It was corrected.

- You defined LCOS as: The criteria that determine the LCOS included: the need to inotropic agents infusion (Dopamine, or Dobutamine, or Milrinone, or Norepinephrine, approximately 4 micrograms/kg/min for at least 12 hours after ICU entrance. But you must use equivalent dose of inotrops/vasopressors. you missed Epinephrine.

It was corrected.

- In results you compared values before and after operation that need to paired t test statistical analysis but I didn't find it in method section.

It was corrected.

- There are a lot of irrelevant variables entered to Result and Discussion sections, please focuse mostly on LCOS and AKI in both groups.

The clinical parameters were added to the title and measured that as secondary endpoints of the study.

- Title of Table must place at top! of table.

It was corrected.

- Full English edit by an expert must done.

The manuscript primary English edition was done. If necessary, the full manuscript native edition will be done.

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Revision (1)

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

REFEREE: Reviewer | **Revision** (1) 16 Mar 2020

Dear AE,
I read the author's answers to the questions. They corrected the requested items and the manuscript could be acceptable.
Thanks.

REFEREE: Associate Editor | **Revision** (1) 16 Mar 2020

Dear EIC,
The authors corrected the requested items and the manuscript could be accepted in this step.
Sincerely

REFEREE: EIC | **Revision** (1) 16 Mar 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.