OPEN PEER REVIEW

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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.101832
Published in: Anesthesiology and Pain Medicine: 10(4); e101832

Peer Review Report for "The Evaluation of Factors Affecting Hemodynamic Variability in Mechanically-Ventilated Patients After Cardiac Surgery"

Author(s): Eissa Bilehjani, Nader Nader, Haleh Farzin, Maryam Haghighate Azari , Solmaz Fakhari

Review Timeline:

Submit Date:	22 Feb 2020
Revised Date:	21 Jun 2020
Accepted Date:	23 Jun 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)

26 Feb 2020

Dear AE,
In this cross-sectional study, the authors evaluated the Factors Affecting Hemodynamic Variability in Mechanically-Ventilated Patients after Cardiac Surgery. The issue is interesting however there are some shortcomings that could be corrected.
-As your study was not interventional, obtaining inform consent may not necessary and data concealment could be sufficient.
- Please replace "Shahid Madani Teaching Hospital" with " Madani teaching hospital (Tabriz-Iran)".
- As you presented in Fig 1 you measured blood pressure and HR variability in 4-time intervals (Basic, 1st 2nd, and 3rd hours from ICU admission) but you didn't explain them in the Method section, please add it in the Method section.
- Why you describe some variables within 3 hours but others in 24 hours in Table 3?
- What is "Preoperative MBP" in Table 2? with a mean of 49 mmHg and a minimum of 28 mmHg. If it is mean Blood Pressure the patients are in SHOCK and not suitable for elective cardiac surgery!!!
- RV EF usually not reported as % in 2D echocardiography and 3D echo or cardiac MRI is needed for reporting RVEF as a percentage (%). Please explain how you studied the

patients RV function in this study?
- Full English Edit is needed.
Thanks.

REFEREE: Reviewer | **Revision** (0) 16 Mar 2020

Dear AE,
I thank the research team for their efforts.
My suggestions:
1) It would be better if the article was edited in English.
2) The abstract and the title of the article do not fit well.
3) It is best to present the results of the research not just in the tables, but also in the text.
4) As an important question: How do you explain doing this research, despite available advanced hemodynamic monitoring devices that easily detect hemodynamic changes?
Thnaks.

REFEREE: Associate Editor | **Revision** (0) 16 Mar 2020

Dear EIC,
According to the reviewers' comments the manuscript needs revision
Sincerely yours;

REFEREE: EIC | **Revision** (0) 16 Mar 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.

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 reviewers

Thank you very much for reviewing our manuscript entitled "**The Evaluation of Factors Affecting Hemodynamic Variability in Mechanically-Ventilated Patients after Cardiac Surgery".** We apologize due to any delay in re-submitting the revised paper. Your comments were very helpful for us to correct and improve the current manuscript. We applied all of these comments in the manuscript and any request. Please find the revised manuscript entitled "" in attached file. The manuscript was almost rewritten completely to improve paper quality, edited in native English, some tables were merged and the data were presented in more detail. The authors will be waiting patiently to hear from you as soon as possible.

You're sincerely

Dr. Solmaz Fakhari

Dear reviewer 1:

Q: As your study was not interventional, obtaining inform consent may not necessary and data concealment could be suffice.

R: Our local ethical commute (Tabriz university of medical sciences) believed that the study must be approved by Iranian registry of clinical trials and written informed consent should be obtained from all of participants.

Q: Please replace "Shahid Madani Teaching Hospital" with " Madani teaching hospital (Tabriz-Iran)".

R: Applied.

Q: As you presented in Fig 1 you measured blood pressure and HR variability in 4 time intervals (Basic, 1st 2nd and 3rd hours from ICU admission) but you didn't explain them in Method section, please add it in Method section.

R: Applied.

Q: Why you describe some variables within 3 hours but others in 24 hours in Table 3?

R: Because of returning of the spontaneous breathing in most of the patients after first 3-hour, we have to precede this method of study.

Q: What is "Preoperative MBP" in Table 2? with mean of 49 mmHg and minimum of 28 mmHg. If it is mean Blood Pressure the patients are in SHOCK and not suitable for elective cardiac surgery!!!

R: Thank you!! It was an error in reading the SPSS table. The error is corrected.

Q: RV EF usually not reported as % in 2D echocardiography and 3D echo or cardiac MRI is needed for reporting RVEF as percentage (%). Please explain how you studied the patients RV function in this study?

R: Because of performing a lot of echocardiography in the perioperative period (transthoracic and/or transesophageal), in the all of the patients we had at least one estimated LVEF and RVEF. We used the most lover value in data analyzes.

Q: Full English Edit is needed.

R: Applied.

Dear reviewer 2:

I thank the research team for their efforts.

My suggestions:

Q: It would be better if the article was edited in English.

R: Applied.

Q: The abstract and the title of the article do not fit well.

R: The abstract was re-written.

Q: It is best to present the results of the research not just in the tables, but also in the text.

R: The text fully was re-written and edited.

Q: As an important question: How do you explain doing this research, despite available advanced hemodynamic monitoring devices that easily detect hemodynamic changes?

R: The aim of the present study was to identify any factor that can affect the ventilatory induced hemodynamic variation. Discovering such factors can lead to early diagnosis and treatment.

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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: Associate Editor | **Revision** (1) 22 Jun 2020

Dear EIC,
I read the reply to the reviewers and revised the manuscript. The authors corrected all requested items and the manuscript could be accepted in this step.
Sincerely yours;

REFEREE: EIC | **Revision** (1) 23 Jun 2020

Dear Author,
Ref#14 needs correction before publishing.
Thanks.