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
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- 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.104466
Published in: Anesthesiology and Pain Medicine: 10(6); e104466

Peer Review Report for "The Efficacy of Sphenopalatine Ganglion Block and Radiofrequency Denervation in the Treatment of Cluster Headache: A Case Series"

Author(s): Dorsa Amighi, Hossein Majedi, Abbas Tafakhori, Amirhossein Orandi

Review Timeline:

Submit Date: 3 May 2020
Revised Date: 1 Sep 2020
Accepted Date: 6 Oct 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 May 2020

Dear AE,
I have some comments about this study.
First and foremost, I think the type of this study isn't cross-sectional study. Cross-sectional or prevalence study is an observational study and is not matched for this type of study. In fact, the study you described is an interventional one without having a control group and is very similar to the case series. Maybe it needs to be checked again.
- In METHODS, prognostic block should be described in details. For example, the type and gauge of needle; position of patients, performing the block with numbing skin or by giving IV sedation; using contrast dye for confirmation of needle tip; type of monitoring used during block; the time between prognostic block and ablation; injection of local anesthetic before ablation and etc.
- Was there any protocol to control of post-procedure pain? What was done for those 4 patients who didn't have a good response to the block?

- DISCUSSION is very brief and needs to be more comprehensive and uses more related and updated studies.
- In REFERENCES, some of them are not completely correlated to this study especially reference No. 3 & 4 that is recommended to use more related studies.
Good luck,

REFEREE: Reviewer | **Revision** (0) 2 Jun 2020

Dear AE,
This is not a case report and is a research study
This article needs major revision.
Thanks.

REFEREE: Reviewer | **Revision** (0) 5 Jun 2020

Dear AE,
Comments for the authors:
- Kay word: add the sphenopalatine block, and select one of these two (headache, and cephalgia) is enough
- Need clinical trial registration
- In the Objectives instead of "this intervention" should be replaced by "sphenopalatine block and RF".
- Recommend writing "conventional radiofrequency" instead of "ganglion denervation"
- What is RFD? Convention? or Pulsed?
- There are some unfamiliar abbreviations, which should be replaced by a complete word such as RFD, PR, PI.
- In the 3rd item at inclusion criteria should be mentioned for how many times? for example 3 months, or more
- Statistics: Why didn't mention P-value?
- Sphenopalatine block and RF is one of the approved interventions for some type of headache such as cluster headache. What is the novelty of this paper?
- What is the importance of a flow chart for these approved techniques?
- Author has focused a lot on demographic data! What does this matter?
- Why author didn't mention the drugs' name and their doses before this procedure? and why didn't calculate changes of them after the procedure?
- In the results, in the 1st paragraph, the author gives prolong and unnecessary explanations about the demographic data, flow chart!!
- In results, in the 2nd paragraph, they are presented in non-professional, and non-statistical forms in the main text!
- Target community in this study should include ALL patients who continued both procedures (prognostic and RF) until the end. Therefore refusal at any step should be the main exclusion criteria.
- What is the importance of table 2?
- The tables are unprofessionally designed without any statistical tools, such as Mean±SD, and P-value!
- The methodology of this manuscript had a lot of problems.
- My recommendation is rejection.

Sincerely

Seyed Masoud Hashemi: Reviewer | **Revision** (0) 6 Jun 2020

Dear AE,
This manuscript was reviewed.
The topic of study is interested but the design could had been better if the authors planned for clinical comparing with tow groups of block and denervations.
Finally, this study will be acceptable considering some minor revisions.
The reason to use dexamethazone in the diagnostic block is not mentioned. This steroid medication can be effective in the result of denervation blocks.
The patient`s previous medications should have be mentioned. If they have consumed oral corticosteroids or not.
The authors should refer to some more references about the use and efficacy of conventional denervation and pulsed radio-frequency in SPG intervention.
Thanks

REFEREE: Associate Editor | **Revision** (0) 7 Jun 2020

Dear EIC,
Based on reviewer comments this manuscript needs some fundamental and structural corrections.
Final division: Major revision
Regards

REFEREE: EIC | **Revision** (0) 7 Jun 2020

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

Reply to Reviewers' comments

Dear Editor-in-Chief and dear Associate Editor(s),

Thank you for reviewing and considering our manuscript for publication. We sincerely acknowledge the time and effort of the reviewers. We have tried our best to reply to the reviewers' comments and to employ them in the manuscript.

Revision: [0]

Reviewers' Comments:

Reviewer 1:
This manuscript was reviewed.
The topic of study is interested but the design could had been better if the authors planned for clinical comparing with tow groups of block and denervations.
Finally this study will be acceptable considering some minor revisions.
The reason to use of dexamethazone in diagnostic block is not mentioned. This steroid mediation can be effective in the result of denervation blocks.

Reply: Thank you for your comment. It is recommended to inject steroids in the prognostic and therapeutic blocks/ablations. The classic method of the procedure contains steroid injection in addition to the local anesthetics. Ref: Benzon HT, Raja S, Liu S, et al. Essentials of pain medicine. Fourth edition. Philadelphia, PA: Elsevier, 2018, CH 82, P. 768.
We followed the recommended order of the procedure. We are thankful for your attention.

The patient`s previous medications should have be mentioned. If they have consumed oral corticosteroids or not.

Reply: thank you for your comment. The patients' previous medications were simple analgesics including acetaminophen, NSAIDs, and oxygen. They did not receive any steroids. This issue was highlighted and added to the text of the manuscript. Thank you.

The authors should refer to some more references about the use and efficacy or conventional denervation and pulsed radio-frequency in SPG intervention.

Reply: Thank you for your attention and comment. References 5, 6, 7, 8, 11, and 12 are all about the SPG block and denervation. The number of papers about this topic is limited in the literature. Thank you.

Reviewer 2:
Dear Author(s)
This is not case report, and is research study
This article need major revision

Reply: Dear reviewer, thank you for your time and comment. As you mentioned, we do agree that this is not a case report and we had not considered it as a case report either. You have mentioned that this report needs major revision. We are also doing our best to improve our paper based on the comments of reviewers. We have employed the reviewers' comments in the manuscript. Please let us know if there are any other points that we should consider in revising the manuscript. Again, thank you very much.

Reviewer 3:
Dear Author(s)
I have some comments about this study.
First and foremost, I think the type of this study isn't cross-sectional study. Cross-sectional or prevalence study is an observational study and is not matched for this type of study. In fact, the study you described is an interventional one without having control group and is very similar to case series. Maybe it needs to be checked again.

Reply: thank you for your valuable comment. We highlighted and changed the type of study in the case series. Thank you very much.

In METHODS, prognostic block should be described in details. For example, the type and gauge of needle; position of patients, performing the block with numbing skin or by giving IV sedation; using contrast dye for confirmation of needle tip; type of monitoring used during block; the time between prognostic block and ablation; injection of local anesthetic before ablation and etc.

Reply: thank you for your attention and valuable comment.
Patients were placed in a supine position. We performed the block under ASA standard monitoring (ECG, SpO2, HR, RR, NIBP). We used a 22G spinal needle and sedated the patients with 1 mg IV midazolam, and 50 µg fentanyl. We employed 10 ml of 0.5% lidocaine as the skin local anesthesia. The needle was placed over the supramandibular notch and was directed toward the sphenopalatine (SP) fossa. Once the needle tip was in the correct position (approved by the fluoroscopic views), we performed the prognostic SPG block using 2 ml solution including 4 mg dexamethasone and 1% lidocaine. We visited every patient 2 days after the prognostic block and evaluated the clinical response by filling the BPI. We injected 1 ml of 1% lidocaine before the ablation and subsequently, we performed the neurolysis. we scheduled the patients for the therapeutic block (RFD) usually one week later after the prognostic block.
The details were highlighted and added to the manuscript. Thank you very much.

Was there any protocol to control of post-procedure pain?

Reply: thank you for your attention and comment. There was no protocol for prognostic post-procedure pain in the immediate hours after the procedure because we had to observe the patients' responses to the prognostic block to be able to decide for the ablation procedure. In other words, we had to figure out if the prognostic procedure was effective or not. It is part of the classic approach to the prognostic blocks. We did not have any protocol for post-procedure pain after the ablation procedure either. However, the patients and their treating neurologists were free to take rescue analgesics and there was no ethical issue. We just evaluated the pain relief. However, we acknowledge your attention and it would be one of our limitations. We highlighted and added this limitation to the appropriate section in the manuscript. Thank you very much.

What was done for those 4 patients who didn't have good response to the block?

Reply: These patients were referred back to their neurologist. We informed their neurologist that those patients did not respond to the prognostic block and consequently they were not a suitable candidate for the ablation. Therefore, they were excluded from the study. However, in my everyday practice, I may decide to block them for the second time and/or via a different approach for the SPG block (supra-zygomatic approach). I may also decide to perform trigeminal ganglion block/denervation for these patients which are indicated for these patients in the literature. Anyway, we excluded these patients from our report. Thank you for your attention and comment.

DISCUSSION is very brief and needs to be more comprehensive and uses more related and updated studies.

Reply: Thank you for your valuable comment. We highlighted and added two more paragraphs to the discussion based on the very updated references. However, the reports about the efficacy of the SPG block/RF denervation for the CH treatment are very rare and we had explained them in the discussion section.

In REFERENCES, some of them are not completely correlated to this study specially references No. 3 & 4 that is recommended to use more related studies.
Good luck,

Reply: Thank you for your attention. The references 3 & 4 are about the predicting factors (risk factors) for inadequate pain management and prolonged pain duration in our local chronic pain population. They demonstrate the importance of inadequate pain management and prolonged chronic pain and the impact of these issues on the lives of chronic pain patients. Consequently, interventional pain management including SPG block/denervation should be considered when indicated in refractory pain conditions like CH.

Reviewer 4:
Dear Editor in Chief
Kay word: add sphenopalatine block, and select one these two (headache, and cephalgia) is enough

Reply: thank you for your comment. The words ‘Sphenopalatine’ and/or ‘block’ do not exist in the Mesh database. The keywords should be selected from the MeSH database as it is one of the rules of this journal. We selected four relevant keywords that were within the recommended limits of this journal. Thank you.

Need clinical trial registration

Reply: Dear reviewer, this report is not a clinical trial. It is just a case series study. There is no comparison in this study. There is no newly introduced intervention in this report. Patients received their routine treatment and we just reported the efficacy of the routine and indicated intervention. SPG block is indicated in the treatment of the interactable CH. Patients would have received this intervention whether we would have reported its efficacy or not. Thank you for your attention.

In the Objectives instead of "this intervention" should be replace by "sphenopalatine block and RF".

Reply: it was replaced and highlighted in the manuscript (Abstract section). Thank you.

Recommend to write "conventional radiofrequency" instead of "ganglion denervation"

Reply: Thank you for your comment. it was corrected and highlighted in the manuscript.

What is RFD? Convention? or Pulsed?

Reply: Thank you for your comment. RFD refers to conventional RF denervation. It had been clearly explained and mentioned in the method section, paragraph 5, last sentences. However, we highlighted it in the manuscript. Moreover, we added the word 'conventional' in the objectives of the study after the background section as well.

There are some unfamiliar abbreviations, which should be replaced by complete word such as RFD, PR, PI.

Reply: All of these abbreviations had been explained in the text where they were used for the first time. However, we highlighted them to be more obvious.

In the 3rd item at inclusion criteria should be mention for how many times? for example 3 months, or more

Reply: thank you for your attention and comment. It was corrected and highlighted.

Statistics: Why didn't mention P value?

Reply: This is a case series study and we just reported our observations. There was no comparison in this study and therefore there were no p values. Thank you.

Sphenopalatine block and RF is one of approved interventions for some type of headache such as cluster headache. What is novelty for this paper?

Reply: Dear reviewer, we acknowledge your comment. As you mentioned SPG block/denervation has been introduced more than 100 years ago by Sluder in 1909. Several reports justify the indication of this procedure for the treatment of cluster headache and TACs cephalgia. However, our focus in this study is not to introduce a new treatment for cluster headache. Our goal was to evaluate the long-term efficacy of this intervention. The long-term efficacy and the extent of the pain relief of this procedure have not been well studied. Moreover, the relevant reports are very rare in the literature. This study is not about the introduction of this procedure for the CH treatment. The topic and idea of this study are not about the introduction of a new treatment modality for CH management. The value of this study is the long-term follow-up of the patients treated with SPG block/denervation and to study the long-term efficacy of this treatment. It is reflected in the title of the paper as well. As it was demonstrated in our study and was in line with other studies, the efficacy of this procedure is very limited and cannot be considered as radical treatment. Thank you.

What is the importance of flow chart for this approved techniques?

Reply: the flow chart demonstrates the process of recruitment and the fall of the cases during the period of a longitudinal study. Recently, it is highly recommended to provide this flow chart for longitudinal studies. Flow charts help us to better understand the recruitment process when there is a kind of sample drop in the study. Thank you.

Author has focused a lot on demographic data! What does this matter?

Reply: Thank you for your attention. Demographic data and patient characteristics always strengthen the value of the data of any report. We evaluate our patients based on a very sophisticated database in our pain

clinic and we provided some of our data in this report. However, I deleted and highlighted some parts of that in table 1.

Why author didn't mention drugs name and their doses before this procedure? and why didn't calculate changes of them after the procedure?

Reply: thank you for your valuable comment. The patients had received simple analgesics like acetaminophen, NSAIDs, and oxygen before our treatment. This issue was added to the text in the method section. Nevertheless, we did not report the change of the medications after our intervention. It is an important limitation of our report and we mentioned and highlighted it in the limitation section of the text. Thank you.

In results, at 1st paragraph, author gives prolong and unnecessary explanations about the demographic data, flow chart!!

Reply: I deleted and highlighted some parts of that paragraph as you commented.

In results, at 2nd paragraph, they are presented in a non-professional, and non-statistical forms in the main text!

Reply: thank you for your attention and comment. The content of that paragraph is explaining the main findings of the report; however, they are not repeating the same data of table 3. There is no comparison or statistical evaluation in this simple case series. It is not a trial and there is no analysis in this report. We are just reporting our observations from our patients as other case reports/series do in the literature. However, we are open to improving our paper based on the valued comment(s) of the reviewers. Please let us know the desired format that may meet the reviewer's opinion and we will certainly follow the order.

Target community in this study should include ALL patients who continued both procedures (prognostic and RF) until the end. Therefor refusal at any steps should be the main exclusion criteria.

Reply: thank you for your valuable comment. We would like to explain the following points:

1- This is not a trial, introducing a new method of treatment. Therefore, we were not looking at our treatment (including prognostic and therapeutic blocks) as a single package that its integrity should be respected as a one-single unit of treatment. We just followed the routine interventional treatment of cluster headache which is SPG block/denervation based on the pain literature. Therefore, I believe that this is a simple case series and there is not a target community for a one-single package of treatment.
2- Any denervation treatment should have at least two parts of prognostic and ablation blocks. The patients have the right to give consent over any of these two steps. The patients have also the right to refuse to accomplish their treatment in any step that they wish. We can report the result of the prognostic block separated from the results of the ablation intervention. Why should we look at the treatment as a whole package that can not be divided while in reality it is divided into everyday practice?
3- There is no ethical issue tied with these two steps of treatment when we had informed the patients about the nature of this treatment which had at least two steps of the interventions. Patients were aware and consented that this interventional treatment has two separate parts, meanwhile, the patients had the right to refuse the treatment in any step they wished.

What is the importance of table 2?

Reply: Cluster headache is not a common disease. Table two shows the frequency of the symptoms and signs in our patients. The local descriptive data of cluster headache in our country is very rare. I believe that it adds to the value of the data. Thank you.

The tables are unprofessionally designed without any statistical tools, such as Mean±SD, and P value!

Reply: thank you for your valuable comment. We revised the tables. We added and highlighted 'mean ± SD' values to table 1 and 3 for 'pain intensity' values. Other values were usually the number of patients or percent.
We did not design any statistical comparison or analysis in this study because it was a simple case series. Therefore, there is not any employment of any statistical test or p-value in this report. It is just an observational study like its similar reports in the literature. Therefore, the p-value was not applicable in this report. Thank you.

The methodology of this manuscript had a lot of problems.

Reply: thank you for your comment. As we mentioned before this is a case series that we just reported our observation over a rare disease as other similar case series do in the literature. Usually, there is not any sophisticated methodology for a case series. Authors usually report their observations during a longitudinal follow-up of their patients in a case series. However, we would be sincerely thankful if you could provide us with the defects in the methodology of our report because we would like to improve our work based on the comments of the reviewers. Thank you very much.

Again, we are sincerely thankful for the attention of the editor-in-chief, associate editor, and the reviewers, and for the valuable time they spent on our study. We acknowledge these worthy comments and we believe they could help us to strengthen our manuscript.

With best regards,

Corresponding author

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: Reviewer | **Revision** (1) 20 Aug 2020

Dear AE,
At first, I am so sorry for my delayed response. Thank you for inviting again me to review this attractive topic. First of all, I ethically have to say thanks to the author for doing this procedure. But on the other side, for scientific writing paper, there are still unsolved structural problems by this manuscript as below:
- This technique is acceptable for all pain physicians, and there is not any novelty.
- Other than a research article, even this type of paper needs a clinical registration code, and it is mandatory. We hope that author could declare their IRCT.
- If it is impossible for taking IRCT, it can be considered only as a brief report. At this condition, the author has to change their format to a brief report.
- The target community in this study should include ALL patients who continued both procedures (prognostic and RF) until the end. Therefore refusal at any step should be the main exclusion criteria.
- A statistical methodology was too weak!
- The author has focused a lot on demographic data! What does this matter?
- Other than pain score, what was the difference between pre-and post-procedure medication?
- Combine all tables at one table.
- Repeating abbreviations makes the reader tired
- The Foundation of this manuscript (RF after prognostic block) was similar to a report of authors about their attempts at their center, however, it is well known and published topic at the text.
- It was better than the author try to do some differences in their attempts compare to this classic technique.
Sincerely yours

REFEREE: Associate Editor | **Revision** (1) 20 Aug 2020

Dear EIC,
Based on reviewers'comments, this revised format had major problems for publishing. Therefore suggest to the author change their article style to a Brief report.
Regards

REFEREE: EIC | **Revision (1)** 20 Aug 2020

Dear Author,

The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.

Thanks.

OPEN PEER REVIEW

Revision (2)

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 and dear associate editor,

Thank you for reviewing and considering our manuscript for publication. We sincerely acknowledge the time and effort of the reviewers. We have tried our best to reply to the reviewers' comments and to implement them in the manuscript.

Reviewers' Comments:

Reviewer 1:
Dear Editor in Chief
At first, I am so sorry for my delay response. Thank you for inviting again me to review this attractive topic. First of all, I ethically have to say thanks to author for doing this procedure. But on the other side, for scientific writing paper, there are still unsolved structural problems by this manuscript as below:

Comment: *This technique is an acceptable for all pain physician, and there is not any novelty.*

Reply: Dear reviewer, we acknowledge your comment.

The novelty of this study is the duration of the efficacy of this procedure. The long-term efficacy and the extent of the pain relief of this procedure have not been well studied. The duration and the extent of the efficacy of this procedure for the treatment of the cluster headache and TACs are not discussed in the well-known textbooks of pain medicine. Have you ever read how long this block is effective in any textbooks of pain medicine?

We do know that the SPG block has been introduced more than 100 years ago by Sluder in 1909. Several reports justify the indication of this procedure for the treatment of cluster headache and TACs cephalgia. But these reports do not mention how long this procedure will work. However, our intention in this report was not to introduce this procedure as a new treatment for cluster headache. Our goal was to evaluate the long-term efficacy of this intervention. Moreover, the relevant reports are very rare in the literature. The topic and idea of this study are not about the introduction of a new treatment modality for CH management. The value of this study is the long-term follow-up of the patients treated with SPG block/denervation and to study the long-term efficacy of this treatment. It is reflected in the title of the paper as well. As it was demonstrated in our study and was in line with other studies, the efficacy of this procedure is very limited and cannot be considered as radical treatment. Thank you very much for your attention.

Finally, to make it clear, we mentioned and highlighted it in the manuscript.

Comment: *Other than research article, even this type of paper need clinical registration code, and it is mandatory. We hope that author could declare their IRCT.*
If it is impossible for taking IRCT, it can be consider only as brief report. At this condition, author has to change their format to brief report.

Reply: Thank you for your valuable comment. We will get the IRCT code in our similar future works. However, the reasons why we did not get the IRCT code was:

1- This is a kind of follow-up study for a known standard treatment (intervention) for cluster headache. It is not an interventional study.
2- This treatment was not a new intervention for the treatment of the cluster headache. SPG block is a standard treatment for the cluster headache and is mentioned in almost all pain textbooks and we were aware of that. However, the duration of the efficacy of this treatment has not been mentioned in the pain textbooks. Therefore, we did not assign the patients to any new intervention. The patients were already assigned to this intervention and they would have got this treatment whether we performed this study or not. In other words, we did not assign the patients to this intervention because of our research. The goal of our study was not to introduce a new treatment for the cluster headache. Our study was only reporting the duration of the efficacy of this treatment. We just reported that how long our patients had considerable pain relief.
3- We did get an ethics code for our study which is mentioned in the manuscript as well (IR.TUMS.IKHC.REC.1397.030). The ethics committee of our university did not ask us or recommend us to get the IRCT code.
4- This study is not an RCT. The definition of the clinical trial is:
"According to the international committee of medical journal Editors (ICMJE) any research study that **prospectively assigns** human participants or groups of humans to one or more health-related **interventions** to evaluate the effects on health outcomes".

   Our report is not a prospective study. It is just a simple case series. We did not assign our patients to any intervention. The patients were already assigned to this intervention regardless of our report. We just did a long follow-up and reported the duration of the pain relief. Our study was a simple descriptive investigation over our patients without any intervention in their treatment.

5- We checked these points with our epidemiologist and methodologist as well and we believe that this is not a clinical trial study.

Finally, we are thankful to the reviewers. We will take the RCT code in our similar future works to make sure that we would satisfy different points of view.

Comment: *Target community in this study should include ALL patients who continued both procedures (prognostic and RF) until the end. Therefor refusal at any steps should be the main exclusion criteria*.

Reply: thank you very much for your comment. With all respect to the reviewer, I do not agree with the reviewer. There are two separate procedures (prognostic and therapeutic blocks) in two different sessions and in two different times (days). These two procedures have different side effects (permanent complications in therapeutic ablation) and different expenses (ablation will have more expenses for the patient). Why should we consider these two different procedures as one procedure with one consent? Why should we see the prognostic and therapeutic blocks in one single package? There are two different

procedures with two different biological natures with two different consents. The ethics committee approved our approach as well.

Comment: *Statistical methodology was too weak!*

Reply: thank you for your valuable comment. We had revised the tables in the previous revision. We had added and highlighted 'mean ± SD' values to tables contents where applicable. We did not consider any sophisticated statistical comparison or analysis in this study because it was a simple case series. It is a descriptive study like its similar reports in the literature. Thank you.

Comment: *Author has focused a lot on demographic data! What does this matter?*

Reply: I do believe that the demographic data add to the value of any study. They show that you care about your patients. They demonstrate how deeply you know your patients and how accurate the case selection was. Nevertheless, we had previously deleted a considerable amount of demographic data from the text and tables in the previous revision. Again, to respect the reviewer's comment, we deleted some more demographic data from the text and table 1. It is highlighted in the text and table(s). According to the previous comments and to meet the reviewer's comment, we deleted table 2 as well.

Comment: *Other than pain score, what was the difference between pre- and post-procedure medication?*

Reply: thank you for your valuable comment. The patients had received simple analgesics like acetaminophen, NSAIDs, and oxygen before our treatment. Nevertheless, we did not report the change of the medications after our intervention. It is an important limitation of our report and we had mentioned and highlighted it in the limitation section of the text. Thank you.

Comment: *Combine all tables at one table.*

Reply: We deleted some demographic data from table 1 as was recommended. Table 2 was deleted. There are only two short tables left. One table is for patient characteristics and one for the follow-up data.

Comment: *Repeating abbreviations makes the reader tired*

Reply: We employed and highlighted the full terms in the manuscript in several places.

Comment: *Foundation of this manuscript (RF after prognostic block) was similar to a report of authors about their attempts at their center, however it is well known and published topic at text.*
It was better that author try to do some difference their attempts compare to this classic technique.

Reply: thank you. We will provide new reports of different technique(s) for the SPG block that we contemporary do in our center in the future.

Again, we are sincerely thankful for the attention of the editor-in-chief, associate editor, and the reviewers, and for the valuable time they spent on our study. We acknowledge these worthy comments and we believe they could help us to improve our manuscript.

With best regards,

Corresponding author

OPEN PEER REVIEW

Revision (2)

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

REFEREE: Reviewer | **Revision** (2) 6 Oct 2020

Dear AE,
Thank you for inviting me to review this revised manuscript. Although there are still some unsolved minor problems for this research author has tried to correct some parts of his text. Therefore I leave the final decision to the editor.
Sincerely

REFEREE: Associate Editor | **Revision** (2) 6 Oct 2020

Dear EIC,
Based on reviewers' comments this paper can be considered for publishing
Final decision: accept
Regards

REFEREE: EIC | **Revision** (2) 6 Oct 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.