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.113162
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Peer Review Report for "Peripheral Nerve Stimulation: Two Cases of Intractable Neuropathic Pain"

Author(s): Ezio Amorizzo, Gianni Colini-Baldeschi

Review Timeline:

Submit Date: 22 Jan 2021
Revised Date: 14 Feb 2021
Accepted Date: 15 Feb 2021

Revision (0)

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

Pasquale De Negri: Reviewer | **Revision** (0) 25 Jan 2021

Dear AE,
This article is a Clear and well-written paper.
My suggestion is to add: which LA did you use, which dosage.
Thanks.

REFEREE: Reviewer | **Revision** (0) 26 Jan 2021

Dear AE,
Comments for the authors:
1- The article has novelty and the title is interesting.
2- Cases were not clearly presented. The cause of neuralgia, chronicity, other medications used, and … should be clearly explained.The authors did not verify that they used the diagnostic block with local anesthetic or not. Also, drugs, doses and the modalities which was used to perform the diagnostic block or the main procedure (fluoroscopy or ultrasound) should be mentioned precisely.
3- If the leads were placed under guide of ultrasound, at least one picture of insertion site should be included. Where were the leads fixed? Distance from nerve??Test stimulation?
4- Primary and secondary outcomes of PNS such as pain intensity, complications, dose of

analgesic and other alternative drugs should be clearly mentioned.
5- Discussion is very brief and short. Comparison with more recent published researches should be included
Thanks.

REFEREE: Reviewer | **Revision (0)** 30 Jan 2021

Dear AE,
Thanks for submitting this valuable case report.
Comments for the authors:
- First of all, it's recommended this context be written with more fluent expression.
- Please provide more information about your procedures, patients' status in terms of concurrent diseases, ultrasound device (brand name and type of probe), needle and local anesthetics used and total time needed for doing these procedures.
- In case 1, how you concluded that the femoral branch of the genitofemoral nerve is a pain generator? As far as it could be seen in the textbooks, the genital branch of genitofemoral nerve innervates inner thigh and ipsilateral scrotum while femoral branch only innervate a small area of skin of upper anterior thigh. The location of implanted stimulator as shown in the picture 1, seems somewhat lower than area for innervation of femoral branch of genitofemoral nerve. Meanwhile, the positive effect of this procedure on a patient's pain may be due to the proper effect on the genital branch of the genitofemoral nerve instead of the femoral branch. How can you explain it?
- In case 2, please give more explanation about your procedure. Where was your implantation site? Do you have any sonogram of your procedure?
- As you mentioned, patients were followed up at 1, 3, 6, 12 months after procedures but you didn't provide any table to show the results in this period of time. What was the pain scores of patients at these specific times?
- In the Discussion section, it's recommended related studies and their results be used as well.
Good luck

REFEREE: Reviewer | **Revision (0)** 4 Feb 2021

Dear AE,
Thank you for assigning me as a reviewer.
The manuscript needs major revisions; based on the reviewers' comments.
I read this with an interest in this article. References are small, and recommend to author to consider and add below six references:
- Naderi Nabi B, Sedighinejad A, Haghighi M, Biazar G, Hashemi M, et al. Comparison of Transcutaneous Electrical Nerve Stimulation and Pulsed Radiofrequency Sympathectomy for Treating Painful Diabetic Neuropathy. Anesth Pain Med. 2015;5(5):e29280.
- Zhou L, Ashkenazi A, Smith JW, Jen N, Deer TR, et al. Long-Term Clinical Outcome of Peripheral Nerve Stimulation for Chronic Headache and Complication Prevention. Anesth Pain Med. 2016;6(4):e35983
- Urits I, Schwartz R, Smoots D, Koop L, Veeravelli S, et al. Peripheral Neuromodulation for the Management of Headache. Anesth Pain Med. 2020;10(6):e110515.
- Zhou L, Ashkenazi A, Smith JW, Jen N, Deer TR, Zhou C. Longterm clinical outcome of

peripheral nerve stimulation for chronic headache and complication prevention. Anesth Pain Med. 2016;6(4). e35983.
- Divizia M, Germani G, Urti I, Imani F, Varrassi G, Meloncelli S. Endoscopic neuromodulation of suprascapular nerve in chronic shoulder pain: A case report. Anesth Pain Med. 2020;10(2). e103624.
- Abejón D, Vancamp T, Monzón EM. A Cost-Consequence Analysis Examining the Differences Between Non-Rechargeable and Rechargeable Systems. Anesth Pain Med. 2020;10(1):e100308.
Sincerely yours

REFEREE: Associate Editor | **Revision** (0) 4 Feb 2021

Dear EIC,
Based on reviewers' comments this article needs Minor revision before publishing.
Regards

REFEREE: EIC | **Revision** (0) 6 Feb 2021

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.

Reviewer 1:
Dear Author(s)
Thank you for submitting this valuable case report.
First of all, it's recommended this context to be written with more fluent express.
Please provide more information about your procedures, patients' status in terms of concurrent diseases, ultrasound device (brand name and type of probe), needle and local anesthetics used and total time needed for doing these procedures.
In case 1, how you concluded that femoral branch of genitofemoral nerve is pain generator? As far as it could be seen in the textbooks, the genital branch of genitofemoral nerve innervate inner thigh and ipsilateral scrotum while femoral branch only innervate a small area of skin of upper anterior thigh. The location of implanted stimulator as shown in the picture 1, seems somewhat lower than area for innervation of femoral branch of genitofemoral nerve. Meanwhile, the positive effect of this procedure on patient's pain may be due to the proper effect on the genital branch of the genitofemoral nerve instead of femoral branch. How can you explain it?
In case 2, please give more explanation about your procedure. Where was your implantation site? Do you have any sonogram of your procedure?
As you mentioned, patients were followed up at 1, 3, 6, 12 months after procedures but you didn't provide any table to show the results in this period of time. What was the pain scores of patients at these specific times?
In the Discussion section, it's recommended related studies and their results to be used as well.
Good luck,

Dear Reviewer 1

We would like to thank you for your we would like to thank you for your interesting comments.

as you can see we have added what you requested in the text. We have added two ultrasound images. We did not do this because in the guidelines for the authors it was written that only two figures could be included.

Regarding the innervation of the femoral branch:

the distribution territory of these "border nerves" is often difficult to predict. we initially performed the diagnostic block of the femoral branch because it was safer for the patient. After the complete pain relief reported by the patient, even though it was the pain area reported by the patient did not seem to refer to that branch, we decided to treat the femoral branch anyway. The clinical result was excellent.

The values of the NRS and SF-36, as written in the text, have been stable over time from the beginning.

Reviewer 2:
Clear and well written paper.
My suggestion is to add: which LA did you use ,which dosage
Reviewer 3:
Reviewer's comments:
1- The article has novelty and the title is interesting.
2- Cases were not clearly presented. The cause of neuralgia, chronicity, other medications used and … should be clearly explained. The authors did not verify that they used the diagnostic block with local anesthetic or not. Also, drugs, doses and the modalities which was used to perform the diagnostic block or the main procedure (fluoroscopy or ultrasound) should be mentioned precisely.
3- If the leads were placed under guide of ultrasound, at least one picture of insertion site should be included. Where was the leads fixed? Distance from nerve??Test stimulation?
4- Primary and secondary outcomes of PNS such as pain intensity, complications, dose of

analgesic and other alternative drugs should be clearly mentioned.
5- Discussion is very brief and short. Comparison with more recent published researches should be included

Dear Reviewer 2

We would like to thank you for your we would like to thank you for your interesting comments.

Most of your observations are explained in the text after our review. We hope that you consider our clarifications adequate. As for the cause of neuralgia, as you well know, it is not always so easy to identify.

Reviewer 4:

Dear Editor in Chief
Thank you for assigning me as reviewer
The manuscript needs major revisions; based on the reviewers' comments.
I read with interest this article. References are small, and recommend to author to consider and add below six references:
Naderi Nabi B, Sedighinejad A, Haghighi M, Biazar G, Hashemi M, et al. Comparison of Transcutaneous Electrical Nerve Stimulation and Pulsed Radiofrequency Sympathectomy for Treating Painful Diabetic Neuropathy. Anesth Pain Med. 2015;5(5):e29280.
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Zhou L, Ashkenazi A, Smith JW, Jen N, Deer TR, Zhou C. Longterm clinical outcome of peripheral nerve stimulation for chronic headache and complication prevention. Anesth Pain Med. 2016;6(4). e35983.
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Abejón D, Vancamp T, Monzón EM. A Cost-Consequence Analysis Examining the Differences Between Non-Rechargeable and Rechargeable Systems. Anesth Pain Med. 2020;10(1):e100308.
Sincerely yours

Dear Reviewer 4

We would like to thank you for your we would like to thank you for your interesting comments.

We have added two references

Associate Editor's Comments:

Associate Editor 1:

Dear Prof Farnad Imani
Anesthesiology and Pain Medicine
Based on reviewers' comments this article need Minor revision before publishing.
Regards
AE

EIC Decision:

Minor Revision

Uploaded Files by Reviewers/Associate Editor/EIC

Below you can find the list of files attached by reviewers or associate editor or EIC during the review process (if any).

No file

How to Revise?

Please sign in to the journal with your account and follow the instruction to resubmit your revised paper. To resubmit, we need to receive:

- 1) A word file including replies to all reviewers' comments (one-by-one)
- 2) A highlighted manuscript word file (highlight all newly added sentences in your word file)

With respect to time limits, we are looking forward to hearing from you soon within the mentioned time frame.

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) — 11 Feb 2021

Dear AE,
Reference numbering order in the text [i.e. (1,2,6,7)] should be in numerical order accordant to the references section. Therefore It should be changed to (1-4), then correct the order of the rest of the reference numbers in the text, and also the order of these two new references in the references section. Other is Okay.
Sincerely

REFEREE: Associate Editor | **Revision** (1) — 11 Feb 2021

Dear EIC,
Fortunately, author could correct the majority of requested items, but it need brief correction for references numbering.
Regards

REFEREE: EIC | **Revision** (1) — 11 Feb 2021

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 (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 Reviewers, we have changed the references as required and also the order of the references in the text. Thanks for your valuable contribution.

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) — 14 Feb 2021

Dear AE,
It is acceptable for publishing
Regards

REFEREE: Associate Editor | **Revision** (2) — 14 Feb 2021

Dear EIC
Author has corrected necessary item.
Final Decision: Acceptance
Regards

REFEREE: EIC | **Revision** (2) — 15 Feb 2021

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