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 "**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?

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- Education of both authors and new students
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Peer Review

Anesthesiology and Pain Medicine
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Peer Review Report for "Diagnostic Accuracy of Suprasternal Versus Subxiphoid Ultrasonography for Endotracheal Intubation"

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Review Timeline:

Submit Date:	14 Aug 2021
Revised Date:	20 Feb 2022
Accepted Date:	20 Feb 2022

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

31 Aug 2021

The topic is not novel, the cross-over design is interesting but has methodological concerns. I regret to say that I believe that the manuscript does not merit publication.

The title could be written more fluently. For example, The diagnostic accuracy of suprasternal versus subxiphoid ultrasonography for endotracheal intubation.

Please check for typo-grammatical mistakes. i.e., 'supranatural and ...' in abstract.

Obtaining informed consent from the patient for the above-mentioned topic in the ED does not make sense to me.

The gold standard for confirming the endotracheal tube placement does not make sense to me. 2 out of 3 capnography, auscultation, and chest x-ray for all patients!?

Seconds are important after intubation. I cannot imagine performing a chest x-ray to confirm endotracheal intubation while ventilating the patient!

What was the role of the clinician who performed intubation? Observing the passage of the tube through the vocal cords is the most definitive way to confirm the correct placement of the tube. If in doubt, capnography and auscultation will confirm the diagnosis.

Past medical history of patients is not relevant to the outcome measures. Unnecessary to report them.

The rate of esophageal intubation was 10%, which is somehow amazing. It is not reported that who performed the intubations.

The power of the study for such a diagnostic accuracy study is obviously low.

REFEREE : EIC

17 Sep 2021

Major Revision

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.

Response to reviewer	
Reviewer# 1	
The title could be written more fluently	The title had changed to recommended title
Please check for typo-grammatical mistakes. i.e., 'supranatural and …' in abstract.	Mistakes was corrected.
Obtaining informed consent from the patient for the above-mentioned topic in the ED does not make sense to me.	As we had explain in the text, we explain the aim of our study to the patient or his / her legal guardian and enroll after the patient's informed consent. Because all of our patients presented to ED with critical situation, we had taken informed consent from their legal guardian. There for, we changed the main text into "we explain the aim of our study to the patients legal guardian and enroll after their informed consent"
The gold standard for confirming the endotracheal tube placement does not make sense to me.	You are right; we consider observing the passage of the tube through the vocal cords as the first stage to confirm the correct placement of the tube. We do it automatically, we take Chest X ray after intubation for all patients, but as you mentioned ,I have explain this in that we consider observing the passage through the vocal cord , capnography and Auscultation as a gold standard. Thank a lot for this useful and well-placed recommendation.
Past medical history of patients is not relevant to the outcome measures.	Past medical history of the patients reported and evaluated because they were mentioned in the proposal of this study.
The rate of esophageal intubation was 10%, which is somehow amazing. It is not reported that who performed the intubations.	Of course, you are right, we had reevaluated our assistant's expertise in airway management after this study. The emergency medicine assistant, who underwent anesthesia rotation, performed the patient intubation.
Reviewer#2	
The title of the article does not express the concept and it is better to be more complete	The title changed.
Authors can explain better when we have a gold standard methods to confirm the intubation, why we use sonography? They improve their study by using diaphragmatic movement assessment for one long ventilation.	We have explain better about gold-standard method. Best point you have mentioned, its better to explain about diaphragmatic movement assessment for one long ventilation; but dear reviewer we don't do this. However, since your recommendation is so great, we have included it in our suggestions for future studies.
It seems that authors intend to replace the	It was bad news that our manuscript lead

sonography evolution of intubation with capnography or end tidal co2 but sonography have many limitation for rapid and reliable ventilation evaluation especially by novice users or in many situation we do not have access to sonography.	to this impression, so we explained at the end of the article that observe tube passage through vocal cord is the best way to confirm ETT placement.
In background what is the meaning of (23 and 4) or (1011 and 12)? Are these references?	Corrected.
Sample size estimation method should be add.	Added.
Inclusion criteria are explained more	The inclusion criteria was patients over 18-years who required prophylactic airway management with endotracheal intubation in the Emergency Department
What was the type of ultrasound device and its probe?	We use curvilinear probe of Alpinion ultrasound device. We explain about the probe in the text, but we didn't explain about the name of company of the ultrasound device.
What is the role of eye or verbal contact between physicians on this study?	Your right, this explanation seemed redundant and we deleted it.
If the sonographer saw that intubation was wrong, wouldn't it be immoral not to say that?	Yes, of course. We had explain about it. To avoid any ethical problems in this case, the total duration of the ultrasound was considered to be 7 seconds, so that even if the location of the tube was wrong, the tube would be in the correct position within 7 seconds.
What criteria did you compare in the chest x-ray with the ultrasound?	In fact, we had taken Chest X ray after intubation for all patients. There were no comparison between this, we have corrected this in the text.
What is the reference of author for gold standard of intubation conformation? Is the chest x-ray in the gold standard? If you used capnography what is the role of chest x-ray or auscultation?	You are right, we have corrected this in the text.
It is not clear what the next plane if the patient had difficulty in intubation?	The patient excluded from our study if he/she had difficult intubation.
Statistical Analysis method and the Statistical tests and the software should be written	Descriptive statistical methods such as mean, standard deviation, frequency and frequency percentage were used to describe the data. We used sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), Positive Likelihood ratio (+ LR) and Negative Likelihood ratio (-LR) to evaluate the diagnostic value of ultrasonography in comparison with capnography. DOR (Diagnostic Odds Ration) was also used to evaluate the performance of ultrasound in comparison with capnography. Statistical analysis was performed using Stata

	software (Corp., College Station, Texas) version 12 and the significance level in this study was considered less than 0.05.
What is the role of underling disease in this study?	The underlying diseases in this study had no effect on our study, only to evaluate the underlying diseases in patients who require intubation.
At the beginning of the discussion, first write a summary of the results.	Correction was done.
Explain the limitation of your study and your suggestions for future studies.	Explain it.
I suggested these below six references to use	We add some of this referncess

OPEN PEER REVIEW

Revision (1)

Farnad Imani : EIC

20 Feb 2022

Dear Authors,
We are pleased to inform you that your manuscript has been accepted for publication. The reviewers found your work to be valuable, scientifically sound, and a meaningful contribution to the field. We appreciate the effort and dedication you invested in this study, and we thank you for choosing our journal to share your research. Congratulations on this achievement, and we look forward to your future submissions.