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://brief.land/kowsar/knowledgebase/category/tree.html#opr.html

Anesthesiology and Pain Medicine
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Peer Review Report for "Comparison of the Effect of Propofol and Dexmedetomidine on Hemodynamic Parameters and Stress Response Hormones During Laparoscopic Cholecystectomy Surgery"

Author(s): Ali Ghomeishi, Ahmad Reza Mohtadi, Kaveh Behaeen, Sholeh Nesioonpour, Nima Bakhtiari, Farzad Khalvati Fahlyani

Review Timeline:

- Submit Date: 16 Oct 2021
- Revised Date: 31 Oct 2021
- Accepted Date: 31 Oct 2021

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) 20 Oct 2021

Dear AE,
There are some comments which should be addressed by the author:
1. Abstract: as authors only included blood glucose and epinephrine (some stress hormones, not all of them), the last sentence of the Abstract should be corrected as: “Dexmedetomidine has a better effect on controlling hemodynamic parameter, propofol has a consistent effect on decreasing of mentioned above stress hormones and may be suggested for LC surgery.”
2. As Dexmedetomidine has also effect on decreasing stress hormones (reference 14 & etc.), the last sentence of the Abstract should be corrected as: “Dexmedetomidine has a better effect on controlling hemodynamic parameter, propofol has a better effect on decreasing of mentioned above stress hormones and may be suggested for LC surgery.”
3. Background & Objectives: After the 4th reference, this sentence in this magazine is

obvious and should be deleted: “After the induction of general anesthesia, to maintain anesthesia, anesthetic gases or intravenous drugs such as Propofol are used.”
4. Conclusion: As the maintenance of anesthesia in the D group was infusion dexmedetomidine, what does the word inhalation anesthesia in line 225: Conclusion: “comparison with inhalation anesthesia base on Dexmedetomidine” means?!!
5. References are not in the format of the magazine.
6. Selected references should be added to the manuscript.
Thanks

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

Dear AE,
It is a well-written article but some questions should be answered (according to methods) appropriately.
It isn't easy to reach suitable levels of anesthesia depth (based on BIS) using dexmedetomidine while having stable hemodynamics. We know one of limitations of dexmedetomidine is bradycardia and hypotension!
While we use dexmedetomidine, patients are usually arousable and don’t have good depth of anesthesia.
Thanks

REFEREE: Associate Editor | **Revision (0)** 26 Oct 2021

Dear EIC,
The article titled "Comparison of the effect of propofol and Dexmedetomidine on hemodynamic parameters and stress response hormones during Laparoscopic Cholecystectomy surgery" was reviewed. Based on reviewers, this manuscript needs some minor corrections before publishing in Anesthesiology and Pain Medicine Journal.
Thanks

REFEREE: EIC | **Revision (0)** 26 Oct 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.

Dear Editorial

Thanks for considering this manuscript as minor revised article. in this letter we answer the reviewer questions separately. The correct and revised version was attached

Reviewer 1:
Dear Editorial,
It is a well-written article but some questions should be answered (according to methods) appropriately.
It is very difficult to reach suitable levels of anesthesia depth (based on BIS) using dexmedetomidine while having stable hemodynamics. We know one of limitations of dexmedetomidine is bradycardia and hypotension.!!
While we use dexmedetomidine, patients are usually arousable and don't have good depth of anesthesia.
Thanks
dear reviewer both propofol and dexmedetomidine drug cause bradycardia and hypotension but according to dose Dex in this study it dose not occur bradycardia that need to any interventions. According to study of Chattopadhyay, U., et al., Dex could consider as sole anesthetic although both groups received remifentanil and many recent study suggest Dex and remifentanil for maintenance of anesthesia.

Reviewer 2:
1.Abstract: as authors only included blood glucose and epinephrine (some stress hormones, not all of them) the last sentence of Abstract should be corrected as: "Dexmedetomidine has better effect on controlling hemodynamic parameter, propofol has a consistent effect on decreasing of mentioned above stress hormones and may be suggested for LC surgery."

Thanks for suggestion, the manuscript were correct as you order

2.As Dexmedetomidine has also effect on decreasing stress hormones (reference 14 &….) the last sentence of Abstract should be corrected as: "Dexmedetomidine has better effect on controlling hemodynamic parameter, propofol has better effect on decreasing of mentioned above stress hormones and may be suggested for LC surgery."

Thanks for suggestion, the manuscript were correct as you order

3.Background & Objectives: After 4th reference, this sentence in this magazine, is obvious and should be deleted: "After the induction of general anesthesia, to maintain anesthesia, anesthetic gases or intravenous drugs such as Propofol are used."

Thanks for suggestion, the sentence were deleted

4.Conclusion: As the maintenance of anesthesia in ……D group was infusion dexmedetomidine, what does the word inhalation anesthesia in line 225: Conclusion: "comparison with inhalation anesthesia base on Dexmedetomidine" means?!!

in the table propofol were compare with inhalation but the manuscripts were corrected as below:

Regarding the results of this study, make decision of select maintenance Anesthesia base on propofol has a consistent effect on controlling the release of stress hormones in comparison with anesthesia base on Dexmedetomidine.

5.References are not in the format of the magazine

Manuscript were corrected as modified Vancouver style

.

6. selected references should be added to the manuscript

The *selected references will add as soon as we receive*

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: EIC | **Revision (1)** 28 Oct 2021

Dear Author,
The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to the reviewers' request. This revised format needs some up-date at references.
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

Thanks for considering revision. The manuscript were changed to Vancouver style by endnote software.
Ref# 6 and 38 were removed. The selected references were added as bellow:

1. Longo MA, Cavalheiro BT, de Oliveira Filho GR. Laparoscopic cholecystectomy under neuraxial anesthesia compared with general anesthesia: Systematic review and meta-analyses. Journal of clinical anesthesia. 2017;41:48-54.
2. Norozi V, Ghazi A, Amani F, Bakhshpoori P. Effectiveness of sublingual buprenorphine and fentanyl pump in controlling pain after open cholecystectomy. Anesthesiology and Pain Medicine. 2021;11(3).
3. Hayden P, Cowman S. Anaesthesia for laparoscopic surgery. Continuing Education in Anaesthesia, Critical Care & Pain. 2011;11(5):177-80.
4. McCarthy C, Saldova R, Wormald MR, Rudd PM, McElvaney NG, Reeves EP. The role and importance of glycosylation of acute phase proteins with focus on alpha-1 antitrypsin in acute and chronic inflammatory conditions. Journal of proteome research. 2014;13(7):3131-43.
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14. KANG SH, KIM YS, HONG TH, CHAE MS, CHO ML, HER YM, et al. Effects of dexmedetomidine on inflammatory responses in patients undergoing laparoscopic cholecystectomy. Acta Anaesthesiologica Scandinavica. 2013;57(4):480-7.
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16. Ji F, Li Z, Nguyen H, Young N, Shi P, Fleming N, et al. Perioperative dexmedetomidine improves outcomes of cardiac surgery. Circulation. 2013;127(15):1576-84.
17. Imani F, Farahmand Rad R, Salehi R, Alimian M, Mirbolook Jalali Z, Mansouri A, et al. Evaluation of Adding Dexmedetomidine to Ropivacaine in Pediatric Caudal Epidural Block: A Randomized, Double-blinded Clinical Trial. Anesthesiology and Pain Medicine. 2021;11(1).
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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: EIC | **Revision** (2) 30 Oct 2021

Dear Author,
The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to the reviewers' request. Due to the comments please delete references number 40 and 53.
Thanks

OPEN PEER REVIEW

Revision (3)

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

Thanks for considering revision. Ref #40 and 53 were removed

Best regards

OPEN PEER REVIEW

Revision (3)

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

REFEREE: Reviewer | **Revision** (3) 31 Oct 2021

Dear AE,
The study is reviewed carefully. According to comments and revisions by the author, this manuscript is accepted.
Thanks

REFEREE: Associate Editor | **Revision** (3) 31 Oct 2021

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards

REFEREE: EIC | **Revision** (3) 31 Oct 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