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 "**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:

Peer Review

Anesthesiology and Pain Medicine
Article DOI: https://doi.org/10.5812/aapm-123270
Published in: Anesthesiology and Pain Medicine: 12(2) ; e123270

Peer Review Report for "Comparison of Pressure and Volume-Controlled Mechanical Ventilation in Laparoscopic Bariatric Surgery: A Randomized Crossover Trial"

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Review Timeline:

Submit Date:	7 Feb 2022
Revised Date:	29 Mar 2022
Accepted Date:	30 Mar 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 : EIC

5 Mar 2022

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.

Reply to reviewers

Dear EIC of Anesthesiology & Pain Medicine

Many thanks to you and the respected reviewers of the Journal for their valuable reviews and comments, Hereby, the response to their comments and the revised article will be restored to review your service.

1. The English text was checked again by computer software and the necessary corrections were made, and the corrections in the word file are highlighted.
2. Although the honorable referee did not specify what they meant by the title of the article, minor changes were made to the title.
3. Inability to maintain ETCo2 in the desired range (30-40 mm Hg) during ventilation is one of the exclusion criteria. It was written more clearly in the text of the article.
4. As stated in the text of the article (line 70), the BIS was monitored during operation and maintained at 40-60.
5. During anesthesia, a mixture of 80% oxygen and 20% air was used for ventilation of patients, which was modified in the same way in the text of the article.
6. Optimum ETCo2 means the pressure of exhaled carbon dioxide in the range of 30-40 mmHg, which is also mentioned in the text.
7. The exact and original P-Value values in the text were corrected.
8. Because this study was designed to be cross-over, each patient had to be ventilated with both types of ventilation (VCV & PCV) during anesthesia.
9. The reason that patients' demographic information is presented in general in Table 1 is that, the enrolment of patients in the study groups was not parallel but all patients participated in turn in both groups.
10. Table 3 was modified. The reason why the number of patients in the previous table was between 35 and 36 was the missed value in performing ABG test, which was unsuccessful in some patients.
11. The way references are displayed in the text has been modified.

Sincerely Yours

Corresponding Author: MR. G. MD.

OPEN PEER REVIEW

Revision (1)

REFEREE : EIC

30 Mar 2022

Accept