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OPEN PEER REVIEW

Comparison of the Effect of SAMPE and ALDERTE Checklists on the Incidence of Complications After Discharge of Radical Prostatectomy Patients from the Post-anesthesia Care Unit (PACU)

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

4 comments · 1 Dec 2024 – 2 Dec 2024

Referee 1 Reviewer

MINOR REVISION 1 Dec 2024

Dear Author
Comments have been added to the manuscript.
Best wishes,

Referee 2 Reviewer

MAJOR REVISION 1 Dec 2024

-The introduction provides an extensive discussion on prostate cancer epidemiology and PACU care. However, it doesn't adequately focus on the specific knowledge gap the study aims to fill—the comparative efficacy of SAMPE and ALDERTE checklists. More concise contextualization is needed to direct the reader to the study objectives.

-Some sentences lack references. All sentences quoted from other articles must have references at the end of each sentence. For example:
A study conducted by Kalp et al. reported approximately 1,276,000 new cases and 359,000 deaths attributed to prostate cancer globally in 2018.

-The objectives mention reducing post-surgical complications but don't clarify whether specific hypotheses or anticipated differences between the two checklists were tested.
-The article states that the study was conducted in three training centers but does not specify the settings (e.g., urban/rural hospitals) or timeframes of the study. This information is crucial for understanding the generalizability of the findings.

- While the inclusion and exclusion criteria are described, the rationale behind choosing certain patient characteristics (e.g., ASA physical status 1-3) and excluding others (e.g., postoperative speech limitations) is missing.

-The methods section does not explain how the study size (156 participants) was determined. Additionally, there is no mention of whether adjustments for confounders (e.g., patient comorbidities) or sensitivity analyses were conducted. The absence of subgroup analyses (e.g., by age or ASA status) limits the study's interpretability.

-The discussion suggests equivalency between the checklists but does not critically evaluate potential reasons for specific differences (e.g., higher bleeding in the SAMPE group). This limits the insights derived from the study.
- We would prefer to have the aim or the title of an article as the first line of the discussion, and in the second and third lines we must mention the main finding(s). In the rest of this section, any gap, question, or hypothesis should be stated, followed by references to other studies.
-While some references are recent, it would strengthen the manuscript to include more recent studies or systematic reviews to reinforce the findings and claims made in the discussion.

Associate Editor

MAJOR REVISION 2 Dec 2024

Dear EIC,
Thanks to the authors and appreciation to the researchers. This study aimed to assess the distribution of complications following radical prostatectomy surgery, utilizing the SAMPE and ALDERTE checklists for discharge from the Post-Anesthesia Care Unit (PACU). The manuscript presents valuable research. But some revisions are needed. The authors should revise it based on the comments.
Moreover, the authors should try to improve the quality of academic writing in the manuscript with the help of a native English speaker or a person proficient in academic English.
Also, minor changes should be made in the abstract:
1- The study design should be mentioned in the first line of the methods section of the ABSTRACT.
2- A summary of the statistical analysis results should be mentioned in the results section of the ABSTRACT.

Editor-in-Chief

MAJOR REVISION 2 Dec 2024

Dear Author,
Thank you for submitting the article. It needs some revision. Please revise it based on the reviewers' and AE's comments.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Reviewer 1:

Q: The methodology is very poor, particularly the inclusion criteria (individuals aged 18 to 60 years) for prostatectomy patients.

R:
Thank you for highlighting this limitation. The inclusion criteria have been clarified and revised to better reflect the study population. The updated inclusion criteria now encompass individuals aged 50 to 75 years, aligning with the typical age range for prostate cancer patients undergoing prostatectomy. This adjustment enhances the relevance and validity of the study.

Reviewer 2:
Q 1: The introduction provides an extensive discussion on prostate cancer epidemiology and PACU care. However, it doesn't adequately focus on the specific knowledge gap the study aims to fill—comparative efficacy of SAMPE and ALDERTE checklists.

R:
The introduction has been revised to focus on the knowledge gap regarding the comparative efficacy of SAMPE and ALDERTE checklists, while retaining essential background information.

Q 2: The objectives mention reducing post-surgical complications but don't clarify specific hypotheses or anticipated differences between the two checklists.

R:
Specific hypotheses and anticipated differences have been included in the objectives section.

Q 3: The study setting (e.g., urban/rural hospitals) and timeframes are not specified.

R:
Details about the study settings and timeframes have been added.

Q 4: The rationale for inclusion and exclusion criteria is missing.

R:
Explanations for the inclusion and exclusion criteria have been added.

Q 5: The study size determination is not explained.

R:
A description of the sample size determination has been included.

Q 6: No mention of adjustments for confounders or subgroup analyses.

R:
Adjustments for confounders and subgroup analyses have been addressed.

Q 7: The discussion does not critically evaluate specific differences (e.g., higher bleeding in SAMPE group).

R:
The discussion now includes a critical evaluation of differences.

Q 8: Discussion should begin with the study aim and main findings before addressing gaps, questions, or hypotheses.

R:
The discussion has been restructured accordingly.

Q 9: Include more recent studies or systematic reviews in the discussion.

R:
Recent references have been incorporated to strengthen the manuscript.

Reviewer 3:

Q: Dear Author, comments have been added to the manuscript. Best wishes.

R:
Thank you for your comments. All suggested changes have been reviewed and incorporated into the manuscript where relevant.

Reviewers/Associate Editor/ or EIC

R:

Highlighted keywords have been revised and written based on the Medical Subject Headings (Mesh) guidelines as per the provided link.

The mentioned words are not abbreviations; they are full names

The requested reference for ALDERTE (doi:10.5812/aapm-122203) has been incorporated.

The criteria have been reorganized into Non-Inclusion and Exclusion categories for clarity.

Reviewer Assistant Comments: These comments were generated by AI ……

R:
Thank you for your valuable feedback. I have carefully considered all the suggestions and have implemented them into the text. The revisions include:

1. Detailed information on participant demographics and clinical characteristics in tables, as well as eligibility criteria, to improve transparency and comply with the STROBE checklist.
2. Clarification of how complications were defined and measured, along with a more thorough description of the statistical methods and there were no missing data.
3. Inclusion of specific statistical results, such as confidence intervals and p-values, to strengthen the presentation of the findings.
4. An expanded discussion of the study's limitations and potential biases to provide a more balanced interpretation of the results.
5. A section addressing the generalizability of the findings to other populations or settings.

These changes have been made to enhance the clarity and rigor of the study, ensuring better alignment with reporting standards.

2 Revision 1

4 comments · 24 Dec 2024 – 25 Dec 2024

Referee 3 Reviewer — ACCEPT 24 Dec 2024

The manuscript has been revised in the best manner and it is suitable for publication.

Referee 2 Reviewer — ACCEPT 25 Dec 2024

Dear AE.
Previous errors have been corrected, and there are no further recommendations.

Associate Editor — ACCEPT 25 Dec 2024

Dear EIC,
I reviewed the manuscript again. The great effort in improving the manuscript is highly appreciated.
The authors have addressed all comments.
Thank you

Editor-in-Chief — ACCEPT 25 Dec 2024

Dear Authors,
Thank you for paying attention and responding to the reviewer's comments.