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.96096
Published in: Anesthesiology and Pain Medicine: 9(5); e96096

Peer Review Report for "Comparison Effect of Tranexamic Acid (TA) and Tranexamic Acid Combined with Vitamin C (TXC) on Drainage Volume and Atrial Fibrillation Arrhythmia in Patients Undergoing Cardiac Bypass Surgery: Randomized Clinical Trial"

Author(s): Koorosh Ghorbaninezhad, Fozieh Bakhsha, Zahra Yousefi, Solmaz Halakou, Zahra Mehrbakhsh

Review Timeline:

Submit Date:	7 Jul 2019
Revised Date:	17 Sep 2019
Accepted Date:	23 Sep 2019

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) — 25 Jul 2019

Dear AE,
In general, the article has a good structure, albeit with several grammatical points to be addressed. The authors should define AF in the first part of the article. They might rather use some tables or graphs in order to better demonstrate their findings.
Thanks.

REFEREE: Reviewer | **Revision** (0) — 29 Jul 2019

Dear AE,
It seems this study is a good work but some correction has needed:
1- It is better to add “hemodynamic changes” to keywords in abstract part.
2- Did the author exclude other causes such as CPR, coagulation disorder, dysrhythmia,

urgent surgery and ….

3- What were the authors scaling methods for subjective measurement of blood loss as bottle of Suction and surgical gauzes are merely objective gauging.

4- What were monitoring in during surgery?

5- How did the authors calculate the number of patients participated in the study?

6- THE Authors must correct references of 13,15,17,20,21,39 and 44.

7- For any drug that the author used in this study, he should mention the drug name, dose, manufactory name, city, and country name that drugs were produced.

8- This article needs English edit.

- Final conclusion is: minor Revision

Kind regards,

REFEREE: Associate Editor | **Revision** (0) 29 Jul 2019

Dear EIC,

After reading of this manuscript and according to reviewers' comments, this manuscript has a need for a minor revision.

Kind regards,

REFEREE: EIC | **Revision** (0) 30 Jul 2019

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.

In the name of god.

Best regard

Reviewer 1:
In general, the article has a good structure, albeit with several grammatical points to be addressed. The authors should define AF in the first part of the article

Was performed.

They might rather use some tables or graphs in order to better demonstrate their findings.

Was performed.

Reviewer 2:
-It is better to add "hemodynamic changes" to key words in abstract part.

Hemodynamic changes Added to abstract.

-Did you exclude other cases such as CPR, coagulation disorder, dysrhythmia, urgent surgery

One day before surgery each patient were examined by cardiac anesthesia fellowship and their medical histories and tests were checked and recorded and patient with coagulation disorder, dysrhythmia, urgent surgery and patient needy cpr were excluded.

-What were the authors scaling method for subjective measurement of blood loss as bottle of Suction and surgical gauzes are merely objective gauging.

The amount of blood loss in during surgery was determined by weighing sponges & surgical gauzes - measuring bottle of suction and chest tube drainage.

-What were monitoring in during surgery?

During surgery monitoring
-. Hemodynamic control (heart rate; systolic, diastolic and median arterial blood pressure (MABP); arterial oxygen saturation of the patient with SAADAT monitoring every 5 minutes until stabilizing the condition.
-. Patient's ABG control
-. Controlling urinary output, and blood glucose levels, temperature, blood electrolytes. CVP- intake Fluid control

-. Control of bleeding (Hb – HCT, ACT=activated coagulation time ,PT PTT),

-How did the authors calculate the number of patients participated in the study?

Sample size was calculated based on an alpha level of 0.05 with 80% power. Fifty(50) patients in each group were sufficient. Assuming a dropout rate of 10%, the total sample size estimated was 120 patients.

-THE Authors must be correct references of 13,15,17,20,21,39 and 44.

Was performed.

-For any drug that you used in this study, you should mention the drug name, dose, manufactory name, city, and country name that drugs were produced.

50mg/kg Tranexamic acid (Caspian Tamin Pharmaceutical Co. Tehran-Iran)was administered intravenously directly before sternotomy.In group B, half an hour before surgery, 2 g of vitamin C and 100 ml 0.9% salinewere injected (Darupakhsh Pharmaceutical Co. Tehran-Iran).

-This article has needed to English edit.
Final conclusion is: minor Revision
Kind regards,

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: Associate Editor | **Revision** (1) 1 Sep 2019

Dear EIC,
After reading this article, the authors must apply the requested changes to the main text of the manuscript according to reviewers' comments.
Final Conclusion is: Minor Revision
Kind regards,

REFEREE: EIC | **Revision** (1) 2 Sep 2019

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.

In the name of god.

Best regard

Reviewer 1:

1. In general, the article has a good structure, albeit with several grammatical points to be addressed. The authors should define AF in the first part of the article

Was performed.

2. They might rather use some tables or graphs in order to better demonstrate their findings.

Was performed.

Reviewer 2:

1-It is better to add "hemodynamic changes" to key words in abstract part.

Hemodynamic changes Added to abstract.

2.Did you exclude other cases such as CPR, coagulation disorder, dysrhythmia, urgent surgery

One day before surgery each patient were examined by cardiac anesthesia fellowship and their medical histories and tests were checked and recorded and patient with coagulation disorder, dysrhythmia, urgent surgery and patient needy cpr were excluded.

3-What were the authors scaling method for subjective measurement of blood loss as bottle of Suction and surgical gauzes are merely objective gauging.

The amount of blood loss in during surgery was determined by weighing sponges & surgical gauzes - measuring bottle of suction and chest tube drainage.

4-What were monitoring in during surgery?

During surgery monitoring

-. Hemodynamic control (heart rate; systolic, diastolic and median arterial blood pressure (MABP); arterial oxygen saturation of the patient with SAADAT monitoring every 5 minutes until stabilizing the condition.

-. Patient's ABG control

-. Controlling urinary output, and blood glucose levels, temperature, blood electrolytes. CVP- intake Fluid control

-. Control of bleeding (Hb – HCT, ACT=activated coagulation time ,PT PTT),

5-How did the authors calculate the number of patients participated in the study?

Sample size was calculated based on an alpha level of 0.05 with 80% power. Fifty patients in each group were sufficient. Assuming a dropout rate of 10%, the total sample size estimated was 120 patients.

6-THE Authors must be correct references of 13,15,17,20,21,39and 44.

Was performed.

7-For any drug that you used in this study, you should mention the drug name, dose, manufactory name, city, and country name that drugs were produced.

50mg/kg Tranexamic acid (Caspian Tamin Pharmaceutical Co. Tehran-Iran) was administered intravenously directly before sternotomy.In group B, half an hour before surgery, 2 g of vitamin C and 100 ml 0.9% salinewere injected (Darupakhsh Pharmaceutical Co. Tehran-Iran).

-This article has needed to English edit.
Final conclusion is: minor Revision
Kind regards,

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: Associate Editor | **Revision** (2) 21 Sep 2019

Dear EIC,
After reading this article, the authors have applied the requested changes to the main text of the manuscript according to reviewers' comments. So this article can be considered for publication.
Final Conclusion is: Accept
Kind regards,

Farnad Imani: EIC | **Revision** (2) 23 Sep 2019

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