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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.

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- 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
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Peer Review Report for "Comparison of Transforaminal Triamcinolone and Dexmedetomidine in Radicular Low-Back Pain: A Randomized Double-Blind Clinical Trial"

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Review Timeline:

Submit Date: 7 Jul 2019
Revised Date: 6 Oct 2019
Accepted Date: 7 Oct 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) 19 Sep 2019

Dear AE,
There are some recommendations:
1) Method:
A) 7th line ”extrusion” should be changed to “herniation”
B) 8th line: This sentence should be changed:” straight leg raise (SLR) at 30-80 degrees or Lasègue's test” because there are some differences between straight leg raise (SLR) and Lasègue's test (Dorsiflex the patient’s affected foot)
C) It is a great mistake that you injected the same dose of drugs for all patients with different weights. you should have calculated drugs dose according to your patient's weight as an illustration 1U/kg for dex.
D) 33rd line: This sentence should be corrected“ information (age, gender, number of levels involved),” because you don’t need to evaluate these items two weeks, 1, 3, and 6 months after performing your procedure.
E) you should have assumed common complications of dexmedetomidine such as bradycardia and severe decrease of blood pressure, recovery time, patient strange

sensation in her/his legs Especially 150 ug (three levels)injection of dex???? For example in a patient with50 kg weight!
2) Discussion:
You should write additive information about relatives between corticosteroid consumption and decrease of calcium and vitamin D(mechanism of this event).
Thanks.

REFEREE: Reviewer | **Revision (0)** 22 Sep 2019

Dear AE,
There are a few considerations that should be mentioned:
1) In inclusion criteria, why the authors have chosen cases that have disc extrusions - and not protrusions? (We know that disc extrusions usually respond worse to interventions.)
2) Since we know that Dexmedetomidine has hemodynamic effects, It was excellent that authors would compare hemodynamic indices of Dexmedetomidine and triamcinolone groups.
3) In inclusion criteria, why the authors have chosen patients with LBP>6 weeks? In Pain references, it has been written that LBP>3months has an indication for interventional managements.
4) Dexmedetomidine is an almost expensive drug. It was good that a cost-benefit comparison was made between Tiramcinolone and Dexmedetomidine.
5) It should be mentioned in the conclusions that according to this study, the use of Dexmedetomine has fewer complications than Triamcinolone. This is a critical result that should be written in this section- and not only in results.
Thanks.

REFEREE: Reviewer | **Revision (0)** 25 Sep 2019

Dear AE,
The author should address:
1- Write the number of cases that were excluded after or during your design.
2- How patients were divided into two groups?
Thanks.

Behrooz Zaman: Reviewer | **Revision (0)** 28 Sep 2019

Dear AE,
While thanking the authors for useful and applied research, I note two points:
1- Wouldn't it be better if patients with less than 50% improvement were referred to a neurosurgeon without leaving the study?
2- As shown in Table 1, the ratio of male to female in the two groups was clearly different, given the difference between the two sexes in response to pain, this could have an impact on the results. Therefore, it is better for the authors to consider and discuss this issue in the discussion.
In view of the above, the article needs a minor revision or the authors please provide necessary explanation.
Sincerely.

Behrooz Zaman: Associate Editor | **Revision (0)** 28 Sep 2019

Dear EIC
Thanking you. I also reviewed Article " A comparison of the transforaminal triamcinolone and dexmedetomidine in radicular low back pain" as a reviewer and noted my point of view. Taking into account all the opinions of the four reviewers, the article seems to require some minor revision.
Sincerely yours.

REFEREE: EIC | **Revision (0)** 29 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.

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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,
We would like to thank the reviewers for the constructive and positive comments. We have addressed the comments and the amendments are highlighted in the revised manuscript.

Reviewer 1:
While thanking the authors for useful and applied research, I note two points:
1- Wouldn't it be better if patients with less than 50% improvement were referred to a neurosurgeon without leaving the study?
Answer: We corrected this issue at text, but none of the patients had a response below 50% to require referral to neurosurgeon.

2- As shown in Table 1, the ratio of male to female in the two groups was clearly different, given the difference between the two sexes in response to pain, this could have an impact on the results. Therefore, it is better for the authors to consider and discuss this issue in the discussion.
Answer: The number of patients in the T group was corrected (5:10)

Reviewer 2:
There are a few considerations that should be mentioned:
1) In inclusion criteria, why the authors has chosen cases that have disc extrusions - and not protrusions? (We know that disc extrusions usually response worse to interventions.)
Answer: That was English writing mistake, and was corrected to protrusion.

2) Since we know that Dexmedetomidine has hemodynamic effects, It was excellent that authors would compare hemodynamic indices of Dexmedetomidine and triamcinolone groups.
Answer: In this study, we did not experience significant hemodynamic changes during patient care. Of course, in the future studies, we will record the extent of hemodynamic changes.

3) In inclusion criteria , why the authors has chosen patients with LBP>6 weeks? In Pain references, it has been written that LBP>3months has the indication for interventional managements.
Answer: Although in some references, 3 months was stated, but it is not a necessary factor for performing transforaminal block, and in some others, it is referred to shorter times.

4) Dexmedetomidine is an almost expensive drug. It was good that a cost-benefit comparison was made between Tiramcinolone and Dexmedetomidine.
Answer: The honorable reviewer has pointed out a subtle point that will be examined in the future studies

5) It should be mentioned in conclusions that according to this study, the use of Dexmedetomine has more less complications than Triamcinolone. This is a critical result that should be written in this section- and not only in results.
Answer: Complications were not observed in the two groups, but the changes in blood glucose and Vit D were higher in the T group, in contrast, the pain score was lower in the T group, as reported at the beginning of the discussion

Reviewer 3:
1-Write the number of cases that were excluded after or during your design.
Answer: None of the patients were excluded during or after the study

2-How patients were divided in to two groups?
Answer: By using the four block method of randomization,

Reviewer 4:
There are some recommendations:
1)Method:
A) 7th line "extrusion" should be changed to "herniation"
Answer: We corrected this mistake (based on proposal), and was changed to "protrusion".

B) 8th line : This sentence should be changed :" straight leg raise (SLR) at 30-80 degrees or Lasègue's test"because there are some differences between straight leg raise (SLR) and Lasègue's test (Dorsiflex the patient's affected foot
Answer: Although there is a little difference between these two techniques, in the majority of the references 'straight leg raising (SLR) test' is also called as "Lasègue's sign", and considered equivalent to each other. In the other word, in order to make SLR test more specific, the ankle can be dorsiflexed (Lasègue's sign).

C) It is a great mistake that you injected the same dose of drugs for all patient with different weights. you should have calculated drugs dose according to your patients weight as an illustration 1U/kg for dex.
Answer: You are absolutely correct, but for example if the patient weight was 70kg and need to the second injection, the total dose (140 mcg) will increased and the risk of hemodynamic complications also will increased. Therefore, based on preliminary design by expertise in proposal, to prevent overdose of dexmedetomidine, similar low dose was administered for all patients.

D) 33th line: This sentence should be corrected" information (age, gender, number of levels involved),"because you don't need to evaluate this items two weeks, 1, 3 and 6 months after performing your procedure..
Answer: Thank you for your attention, and we corrected this mistake

E) you should have assumed common complications of dexmedetomidine such as bradycardia and severe decrease of blood pressure,recovery time, patient strange sensation in her/his legs Specially 150 ug (three levels)injection of dex? For example in a patient with50 kg weight.!!!!! and….
Answer: Thank you for your meticulous attention. The total level was corrected to up to two levels. Also, discharge criteria was edited.

2) Discussion:
You should write additive information about relatives between corticosteroid consumption and decrease of calcium and vitamin D (mechanism of this event)
Answer: Some text (and also related reference) was added in discussion for describing this mechanisms. Also, some editing was done in all main text

We hope that those modifications have attend your expectations, and it has finished the minor review steps.

Best 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: Reviewer | **Revision** (1) 7 Oct 2019

Dear AE
In this revised manuscript #ID 96117 author has replied to majority of requested items. Now it is acceptable.
Regards

REFEREE: Associate Editor | **Revision** (1) 7 Oct 2019

Dear EIC,
Based on reviewers' comments this paper can be considered for publishing at Anesth Pain Med.
Final decision: Acceptance
Sincerely yours
AE

REFEREE: EIC | **Revision** (1) 7 Oct 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.