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/briefland/knowledgebase/category/tree.html#opr.html

Anesthesiology and Pain Medicine
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Peer Review Report for "Can Pulsed Radiofrequency of the Occipital Nerves Cause Sedation? A New Perspective of Existing Knowledge"

Author(s): Chrysa Arvaniti, Alia Ibrahim Madi, Georgia Kostopanagiotou, Chrysanthi Batistaki

Review Timeline:

Submit Date: 17 Jul 2019
Revised Date: 23 Feb 2020
Accepted Date: 19 Mar 2020

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)

8 Sep 2019

Dear AE,
I have some points for the authors as follows:
1- Did you assess pain as VAS or other scales basically and after procedures? If yes please mention them.
2- What are excluding criteria? Did patients consume any medication as analgesics or tranquilizers for their problems before and during study?
3- Considering limitations of Bispectral devices and inter individual sensitive differences and still evolving practice parameters standardization , briefly explain your Bispectral monitor brand and its using route.
4- How many times Bispectral values have been checked? and are your bispectral values mentioned at the table, checked at the last time of the PRF Stimulation?
5- What is the interval time between GON and LON Stimulation?
Thanks.

REFEREE: Reviewer | **Revision** (0) 16 Sep 2019

Dear AE,
This is a good study for publication, but it is better to make some changes by the authors before printing.
- How long after the PRF termination, did BIS values return to normal?
- Is local anesthesia used for this procedure? Could there be a correlation between LA and sedation?
- Also, the author can consider below three references:
- Evolution and Mode of Action of Pulsed Radiofrequency. Anesth Pain Med. 2013;2(4):139-41.
- Pulsed Radiofrequency of Lumbar Dorsal Root Ganglion for Chronic Postamputation Phantom Pain. Anesth Pain Med. 2012;1(3): 194-7.
Using Pulsed Radiofrequency for Chronic Pain. Anesth Pain Med. 2012;1(3):155-6.
Regards

REFEREE: Associate Editor | **Revision** (0) 18 Sep 2019

Dear EIC
Based on reviewers' comments this manuscript needs some editing.
Regards

REFEREE: EIC | **Revision** (0) 18 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.

Responses to reviewer's comments

Dear Editor & reviewers

Thank you very much for your comments and suggestions and for giving us the possibility to revise our manuscript. Responses point to point to reviewers' comments are the following:

Reviewer 1

1. *Did you assess pain as VAS or other scales basically and after procedures? If yes please mention them.*

   Yes, VAS was assessed in all patients but in the case of PRF the technique was applied only if VAS was low {<4) in order to be well tolerated by the patients

2. *What is excluding criteria? Did patients consume any medication as analgesics or tranquilizers for their problems before and during study? Inclusion criteria included patients on pharmacotherapy (the exact inclusion criteria are now presented into the Methods section). Exclusion criteria were: age<18 years old, pregnancy or lactation, presence of cardiac pacemaker, previous therapy with PRF, severe psychiatric disorder and patient refusal.*

3. *Considering limitations of Bispectral devices and inter individual sensitive differences and still evolving practice parameters standardization , briefly explain your Bispectral monitor brand and its using route. The monitor used was Medronic's, Bispectral Index Monitoring, USA, applied through standard 4pole adult sensors at the forehead. The BIS device collects the raw EEG data that indicates brain activity in real time. The system uses its clinically validated algorithm to filter, analyze, and correlate the data and results are continually calculated and displayed as the BIS™ index (a number between 0 and 100), indicating the patient's level of sedation.*

4. *How many times Bispectral values have been checked? and are your bispectral values mentioned at the table, checked at the last time of the PRF Stimulation? The BIS values were checked every minute from baseline until the end of the procedure.*

5. *What is the interval time between GON and LON Stimulation?*

The interval was only 5 minutes.

Reviewer 2

1. *How long after the PRF termination, BIS values returned to normal? Is local anesthesia used for this procedure? Could there be a correlation between LA and sedation?*

   Local anaesthetic was not used prior treatment in order to correctly stimulate the nerve. The technique was very well tolerated without local anaesthesia and all patients were fully informed about this prior the procedure. Shortly after the procedure (<10 minutes) BIS returned to normal.

2. *Also, author can consider below three references:*
   Evolution and Mode of Action of Pulsed Radiofrequency. Anesth Pain Med. 2013;2(4):139-41.
   Pulsed Radiofrequency of Lumbar Dorsal Root Ganglion for Chronic Postamputation Phantom Pain. Anesth Pain Med. 2012;1(3): 194-7.
   Using Pulsed Radiofrequency for Chronic Pain. Anesth Pain Med. 2012;1(3):155-6.

   Thank you for the suggestions. The references have been added.

Associate Editor's Comments:

Associate Editor 1:
Based on reviewers comments this manuscript need some editing.

Thank you. The manuscript has been edited again.

Kind regards

The corresponding author

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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) 19 Mar 2020

Dear AE,
The revised manuscript #96418 was reviewed, and the author could correct the requested items.
Sincerely

REFEREE: Associate Editor | **Revision** (1) 19 Mar 2020

Dear EIC,
Based on reviewer comments this manuscript was changed by author and it can be consider for publishing
Regards

REFEREE: EIC | **Revision** (1) 19 Mar 2020

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