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
Article DOI: 10.5812/aapm.99764
Published in: Anesthesiology and Pain Medicine: 10(1); e99764

Peer Review Report for "Short-Term Efficacy of Epidural Injection of Triamcinolone Through Translaminar Approach for the Treatment of Lumbar Canal Stenosis"

Author(s): Saeed Sabbaghan, Elham Mirzamohammadi, Maryam Ameri Mahabadi, Farshad Nikouei, Farhad Rahbarian, Susan Ahmadichaboki, Samira Eftekhari, Maryam Zamankhani, Amir Aghaie Aghdam

Review Timeline:

Submit Date:	28 Nov 2019
Revised Date:	9 Feb 2020
Accepted Date:	13 Feb 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) — 24 Dec 2019

Dear AE,
The manuscript was reviewed.
The study doesn't have any new information and novelty in the field of low back pain and the procedures.
There are some technical problems in the standard equipment and medications.
It seems not to be able to get acceptance.
Regards

REFEREE: Reviewer | **Revision** (0) — 26 Dec 2019

Dear AE,

Thanks for submitting this valuable manuscript.
I think the most important point of this study is its methodological design of it. It was mentioned, that this study is a retrospective one but in the Methods and Procedures, descriptions aren't fitted with this kind of study.
It is more like a prospective clinical trial (before and after intervention) without a control group rather than a retrospective study because all patients have been planned for the same procedure, same drugs with the same dose, and follow-up with the same method. So, I think the kind of this study needs to be evaluated again.
- How the follow-up has been done? By phone or direct contact? Were they examed again? Were the patients on the medications at that 4 weeks follow-up? Did they have any rescue medication? Please write more about these items.
- It's recommended some descriptions be added about classifying lumbar spinal canal stenosis (CLSCS) criteria.
- There are some typing errors that should be corrected (e.g. drape instead of drop or Tuohy needle G22).
Good luck

REFEREE: Associate Editor | **Revision** (0) 16 Jan 2020

Dear EIC,
Based on reviewer comments, this manuscript needs some corrections. Also. author contribution should be clarified.
Regards

REFEREE: EIC | **Revision** (0) 16 Jan 2020

Dear Author,
The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.
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.

Dear editor in chief of the Journal of Anesthesiology and Pain Medicine

We are pleased to receive the valuable comments of the reviewers. The manuscript has been revised according to the reviewers'' comments and a new version of the manuscript is now being submitted. The changed parts of the manuscript are marked yellow. The complementary answers have been provided in this letter. Reviewer comments

Reviewer 1

Comment 1: There are some technical problems in the standard equipment and medications.

Authors' response: The due section was revised completely (lines 79-95).

Reviewer 2:

Comment 1: The most important point of this study is the methodological design of it. It was mentioned, this study is a retrospective one but in the Methods and Procedures, descriptions aren't fitted with this kind of study.

Authors' response: In our center, the patients are routinely visited before the injection and one month after the injection. The ODI and VAS of the patients are routinely checked before the injection and one month after the injection, as well. Also, since all injections were performed by one fellowship-trained spine surgeon and in the same center, the injection procedure and dosage of drug were the same in all patents. The methodological section are revised in the new version of the manuscript to more clearly provide these information (lines 58-77 and lines 97-101 and line 79).

Comment 2: How the follow-up has been done? By phone or direct contact? Were they examed again? Were the patients on the medications at that 4 weeks follow-up? Did they have any rescue medication? Please write more about these items.

Authors' response: this information was added to the manuscript (lines 104-109).

Comment 3: it's recommended some descriptions be added about classifying lumbar spinal canal stenosis (CLSCS) criteria.

Authors' response: it was added (lines 64-68).

Comment 4: There are some typing errors that should be corrected (e.g. drape instead of drop or Tuohy needle G22).

Authors' response: Corrected (line 80 and line 83). In addition, the whole manuscript was reviewed by Grammarly software for other grammatical errors.

OPEN PEER REVIEW

Revision (1)

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REFEREE: Reviewer | **Revision** (1) 7 Feb 2020

Dear AE,
Thank you for inviting me. I read with interest this manuscript, and my suggestion is as below comments before publishing:
1) Tuohy needle G22?? (usually G18 or 19)
2) Revise the below text, there are some technically mistakes:
... Then, the C-arm was positioned laterally, and the needle was advanced with the loss of resistance technique. The style of the needle was removed afterward. A lubricated 5 ml syringe filled with saline was attached and advanced under fluoroscopy. When the needle bevel passed through the ligamentum flavum, a gentle aspiration was performed... ??!!
3) Mention the correct name of drugs, including generic and trade names, Company, and Country
alfen xl ?? Diclofenac (AlfenX 100)
gabapentin
4) Revise the references, and also consider below:
* Malik KM, Becker R, Imani F. Musculoskeletal Disorders a Universal Source of Pain and Disability Misunderstood and Mismanaged: A Critical Analysis Based on the U.S. Model of Care, Anesth Pain Med. 2018;8(6):e85532
* Khan TW, Imani F. The Management of Chronic Pain; Caught Between a Rock and a Hard Place: The Case for a Renewed Focus on Provider, Patient, and Payer Education. Anesth Pain Med. 2017;7(1):e40951.
* Patel VB, Wasserman R, Imani F. Interventional Therapies for Chronic Low Back Pain: A Focused Review (Efficacy and Outcomes). Anesth Pain Med. 2015;5(4): e29716.
* Imani F, Rahimzadeh P, Khademi H, Narimani Zamanabadi M, Sadeghi K, et al. Comparison of Transforaminal Triamcinolone and Dexmedetomidine in Radicular Low-Back Pain. Anesth Pain Med. 2019;9(5):e96117.
Sincerely yours

REFEREE: Associate Editor | **Revision** (1) 7 Feb 2020

Dear Editor in Chief
Based on reviewer comments this revised format need some minor corrections.
Regards

REFEREE: EIC | **Revision (1)** 7 Feb 2020

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.

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Dear editor in chief of the Journal of Anesthesiology and Pain Medicine

We are pleased to receive the valuable comments of the reviewers. The manuscript has been revised according to the reviewers'' comments and a new version of the manuscript is now being submitted. The changed parts of the manuscript are marked yellow. The complementary answers have been provided in this letter. Reviewer comments

Reviewer 1

Comment 1: Tuohy needle G22?? (usually G18 or 19)

Authors' response: Corrected (line 84)

Comment 2: Revise below text, there are some technically mistakes:

... Then, the C-arm was positioned laterally, and the needle was advanced with the loss of resistance technique. The stylet of the needle was removed afterward. A lubricated 5 ml syringe filled with saline was attached and advanced under fluoroscopy. When the needle bevel passed through the ligamentum flavum, a gentle aspiration was performed... ??!!

Authors' response: Corrected (lines 79-94).

Comment 3: Mention correct name of drugs, including generic and trade names, Company, and Country.

Authors' response: Done (lines 92,93,104, and 106).

Comment 4: Revise the references, and also consider below:

* Malik K M, Beckerly R, Imani F. Musculoskeletal Disorders a Universal Source of Pain and Disability Misunderstood and Mismanaged: A Critical Analysis Based on the U.S. Model of Care, Anesth Pain Med. 2018;8(6):e85532

* Khan TW, Imani F. The Management of Chronic Pain; Caught Between a Rock and a Hard Place: The Case for a Renewed Focus on Provider, Patient, and Payer Education. Anesth Pain Med. 2017;7(1):e40951.

* Patel VB, Wasserman R, Imani F. Interventional Therapies for Chronic Low Back Pain: A Focused Review (Efficacy and Outcomes). Anesth Pain Med. 2015;5(4): e29716.

* Imani F, Rahimzadeh P, Khademi H, Narimani Zamanabadi M, Sadegi K, et al. Comparison of Transforaminal Triamcinolone and Dexmedetomidine in Radicular Low-Back Pain. Anesth Pain Med. 2019;9(5):e96117.

Authors' response: Added (ref 5, 6, 9, and 25)

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: Reviewer | **Revision** (2) 13 Feb 2020

Dear AE,
Thank you for inviting me again to review manuscript #99764, Author has replied and completely corrected it, and this revision is acceptable.
Sincerely yours

REFEREE: Associate Editor | **Revision** (2) 13 Feb 2020

Dear EIC,
The author could correct the requested items by the reviewer, and based on reviewer comments this revised manuscript can be considered for publishing at Anesth Pain Med.
Regards

REFEREE: EIC | **Revision** (2) 13 Feb 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.