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

Archives of Clinical Infectious Diseases
Article DOI: 10.5812/archcid.87617
Published in: Archives of Clinical Infectious Diseases: 14(5); e87617

Peer Review Report for "Acute Kidney Injury After Nephrotoxic Antibiotic Therapy in Patients with Infective Endocarditis"

Author(s): Anita Sadeghpour, Shabnam Boudagh, Behshid Ghadrdoost, Farzaneh Futuhi, Azin Alizadehasl, Pardis Moradnejad , Monireh Kamali, Hamid Reza Pasha, Majid Maleki

Review Timeline:

Submit Date:	15 Dec 2018
Revised Date:	19 Sep 2019
Accepted Date:	25 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)

22 Jul 2019

Dear AE,
I review article “Acute kidney injury after nephrotoxic antibiotic therapy in patients with infective endocarditis”
My comments are as follows:
1- This study is a descriptive study and similar studies have been carried out.
2- Given the type and duration of antibiotics used in the treatment of endocarditis, this complication is expected and this study is not a new scientific point, therefore, it is not a research priority.
3- This essay is poorly written and needs to be rewritten.
4- The introduction is long and needs to be summarized.
5- Code of ethics Article not mentioned.
So unfortunately i regret to inform you that it does not suit our present needs and could not be accepted for publication.
Thanks.

REFEREE: Reviewer | **Revision** (0) 9 Aug 2019

Dear AE,
This manuscript needs some Corrections and proper English writing.
"There are no new findings in comparison of kidney injury in IE and other infectious syndromes pending to GN in IE which may have an effect on kidney injury.
Other mentioned risk factors are common in other infections."
Thanks.

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

Dear EIC,
The manuscript is studied, and there are some comments which should be addressed by the author. According to the comments, the document needs major revision.
Kind regards,
Associate Editor

REFEREE: EIC | **Revision** (0) 18 Aug 2019

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs major 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.

Reviewer 1:

We are thankful for your useful and adorable comments. In the following, We mentioned some points:

This manuscript needs some Correction and proper English writing.

- English edition has been done.

  "There are no new findings in comparison of kidney injury in IE and other infectious syndromes pending to GN in IE which may have effect on kidney injury.
  Other mentioned risk factors are common in other infections."
- Our new points in current study:

1. Our paper was derived from single center Iranian Registry of Infective Endocarditis (IRIE) as a largest registry of IE between Middle East countries.

2. We classified AKI stages using KDIGO which is the most recent and preferred staging system whereas previous studies used absolute serum creatinine level for classification.

3. Whereof the causes of AKI can usually be distinguished from each other on the basis of the timing of the renal manifestations and AKI due to antibiotic therapy is usually occurred 7 to 10 days after initiations of antibiotic therapy, therefor we considered rising level of creatinine one week after starting antibiotics

Reviewer 2:
Dear author
I review article "Acute kidney injury after nephrotoxic antibiotic therapy in patients with infective endocarditis"
My comments are as follows:
-This study is a descriptive study and similar studies have been carried out.
- Given the type and duration of antibiotics used in the treatment of endocarditis, this complication is expected and this study is not a new scientific point, therefore, it is not a research priority.
- This essay is poorly written and needs to be rewritten.
-The introduction is long and needs to be summarized.
- Code of ethics Article not mentioned

- ***We are thankful for your useful and adorable comments. In the following, We mentioned some points:***

1. Our paper was derived from single center Iranian Registry of Infective Endocarditis (IRIE) as a largest registry of IE between Middle East countries.

2. We classified AKI stages using KDIGO which is the most recent and preferred staging system whereas previous studies used absolute serum creatinine level for classification.

3. Whereof the causes of AKI can usually be distinguished from each other on the basis of the timing of the renal manifestations and AKI due to antibiotic therapy is usually occurred 7 to 10 days after initiations of antibiotic therapy, therefor we considered rising level of creatinine one week after starting antibiotics

- The paper has been rewritten and English edition has been done.
  The introduction has been summarized
- Code of ethics Article is: RHC.AC.IR.REC.1394.41

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.

Masoud Mardani: EIC | Revision (1) 25 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.