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

Hepatitis Monthly
Article DOI: 10.5812/hepatmon.104626
Published in: Hepatitis Monthly: 20(9); e104626

Peer Review Report for "Critical Considerations for Hepatopanceratobilliary Surgeries During COVID-19 Pandemic"

Author(s): Habibolah Dashti, Arash Dooghaie Moghadam, Ali Jafarian

Review Timeline:

Submit Date: 6 May 2020
Revised Date: 25 Jul 2020
Accepted Date: 4 Oct 2020

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

Kamran B Lankarani: Associate Editor | Revision (0) — 15 Jun 2020

Dear EIC,
The letter could be of interest but several issues needs to be emphasized .
- The major interest if the writers was surgery for cancer. Hepatobiliary surgeries are not only for cancer. For instance one of the most common surgeries are lap cholecystectomy. There are reports that laparoscopy should be avoided while other propose that this is not justifiable. It should be mentioned that whenever there are accaptable nonsurgical treatments, for instance for drainage of pancreatic infected cyst or fluid collection.
- Many mentioned surgeries need neoadjuvant treatment . What are the recommendation for that?
- I think this letter could become a brief report if a consensus by hepatobiliary surgeons could be reached . If not then revising the letter would be most appropriate.
Thanks.

Seyed Moayed Alavian: EIC | Revision (0) — 16 Jun 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 editorial office of Hepatitis Monthly

Thank you for your review of the manuscript titled "Critical considerations for hepatopanceratobilliary surgeries during COVID-19 pandemic"

we afforded to revised all of the comments as following:

Reviewer A:

The letter could be of interest but several issues needs to be emphasized .

The major interest if the writers was surgery for cancer . Hepatobiliary surgeries are not only for cancer . For instance one of the most common surgeries are lap cholecystectomy. There are reports that laparoscopy should be avoided while other propose that this is not justifiable. It should be mentioned that whenever there is accaptable nonsurgical treatments, for instance for drainage of pancreatic infected cyst or fluid collection

Many mentioned surgeries need neoadjuvant treatment . What are the recommendation for that?

Answer:

Line 54-79

Regarding the high incidence of COVID-19 in the community and the risk of transmitting, elective surgeries should be limited as much as possible. Many surveys have shown a considerable decrease in the number of hepatopancreatobiliary surgeries during the COVID-19 pandemic (6, 7). Therefore, it is vital to propose some non-surgical approaches. Moreover, small particles during anastomosis, surgical incision, and laparoscopy can increase the risk of infection in surgery rooms. Hence, we suggested performing these surgery methods only by experts and considering higher standards of safety protocols against COVID-19 for surgeons, especially for laparoscopy. The smoke of laparoscopy can be a threat for surgeons during the surgery. Therefore, it is important to examine gas leakage before starting laparoscopy, check all the devices for leakage before surgery, and consider a suitable size of the surgical incision. However, in the case of elective surgeries, non-surgical-methods should be performed if acceptable non-surgical treatments are available. As a result, the laparoscopic methods cannot be considered as the best choice during this pandemic (8, 9).

Another important issue is deciding on chemotherapy. This must be decided according to the condition of the hospital and country status during the pandemic. So, every cancer department must update its schedule with the last data for COVID-19. According to previous studies, an 8-week postponement of neoadjuvant does not affect the mortality and prognosis of some cancers such as colorectal cancer; thus, this method is followed by some cancer centers. However, as the current crisis continues, these patients need treatment and interventions. Hence, we suggest performing surgical treatments on them as the best treatment choice during this pandemic. Additionally, if the incidence of COVID-19 in a region decrease and safe cancer centers are available, we can initiate neoadjuvant and chemotherapy after consulting with our multidisciplinary cancer board team and evaluating personal safety and benefit of chemotherapy case by case (8, 10).
In case all mentioned issues are considered

Line 97-100

Therefore, we recommend avoiding non-elective surgeries during this pandemic. Besides, patients should be operated only in emergencies and in the above cases. Moreover, it is important to consider the health of the medical staff as the most important priority in all stages of decision-making.

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.

Heidar Sharafi: Reviewer | **Revision** (1) — 20 Sep 2020

Dear AE,
The study is reviewed carefully. According to comments and revisions by the author, this manuscript is accepted.
Thanks

Seyed Moayed Alavian: Associate Editor | **Revision** (1) — 4 Oct 2020

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.

Seyed Moayed Alavian: EIC | **Revision** (1) — 4 Oct 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.