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://brieflands.com/briefland/knowledgebase/category/tree.html#opr.html

Hepatitis Monthly
Article DOI: https://doi.org/10.5812/hepatmon-132309
Published in: Hepatitis Monthly: In Press(In Press); e132309

Peer Review Report for "Effectiveness of Grape Seed Extract in Patients with Nonalcoholic Fatty Liver: A Randomized Double-Blind Clinical Study"

Author(s): Hoda Mojiri-Forushani, Aliasghar Hemmati, Abdollah Khanzadeh, Atefeh Zahedi

Review Timeline:

Submit Date: 8 Oct 2022
Revised Date: 2 Nov 2022
Accepted Date: 5 Nov 2022

Revision (0)

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

Seyed Moayed Alavian: EIC | **Revision** (0) — 8 Oct 2022

Dear Authors,

Please follow the peer-review comments and submit a revision.

Regards,
EIC

Seyyed Mohammad Miri: Reviewer | **Revision** (0) — 22 Oct 2022

Dear AE,

Thanks for inviting me to review this manuscript. This article describes a new medication in the treatment of NAFLD. The authors tried to write this article based on the CONSORT protocol and in my opinion they wrote it well.
I found some minor and major comments during reading this article which could be found

here.

Minor comments:
1- "Administration of GSE" is not a medical term.
2- in methods: what do you mean by "(i20-50 years"?

Major comments:
3- Conflict of Interests: must be written another time in a better structure. See examples of correct writing
4- Conflicts of interest:
in the body of article must be the same in your abstract.
Please complete it. Writing this sentence is not acceptable: " There is no conflict of interest."

5- Funding/Support: you must write the budget of this trial and from which organization or university have you received this budget.
Funding/Support:
in the body of article must be the same in your abstract.
Please complete it. Writing this sentence is not acceptable: " There is no conflict of interest."
How is it possible for such this study to recieve no budget at all.

Besides, try to match all of your article parts with those parts in this link:
https://www.irct.ir/trial/57601
For example, if you have written a sentence during your trial registration, then you have to write them also in your article.

6- Methods: How sample size was determined? Write it.

7- Add these parts to your discussion based on this structure:
Limitations:
Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, the multiplicity of analyses
Generalisability:
Generalisability (external validity, applicability) of the trial findings
Interpretation:
Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence

Finally, I suggest "Minor revision" as my final decision.

Kind Regards,
SM

Heidar Sharafi: Associate Editor | **Revision** (0) 23 Oct 2022

Dear EIC,

The manuscript is reviewed by an expert reviewer. I have comments/concerns extra to those of the reviewer's to improve the presentation of manuscript.

Major comments:

1. In the process of trial 5 participants dropped in each arm. What was the reason for exclusion of 5 participants in the final analysis? What was the approach to analysis of data; intention-to-treat or per-protocol? How did authors manage the missing visits/data?

2. With the available results (mean and SD) for weight and BMI, I could calculate the P-values. I found that all the t-test P-value presented for intra-group comparisons were not even less than 0.1. It seems there is a major mistake in statistical analyses. I have the same concern for P-values in Table 2, however, I could not go through their P-value calculations using median and IQR. As a result, authors should re-check all the P-values. Some of them I expect to be wrong are: a. AST and ALT, intra-group for Placebo arm; b. First-month HDL, inter-group between arms; 3. FBS, intra-group for GES arm

3. It is not clear what is 2-by-2 comparisons in Lines 156-165? Do they mean 2X2 contingency table?

Minor comments:

1. Term "capsule" can be excluded from the study title.

2. In Funding/support, "finding" should be replaced by "funding"

3. Authors should use a uniform term for NAFLD instead of using FLD and fatty liver through the manuscript.

4. The duration of trial should be added to the methods of abstract and manuscript body.

5. Line 75, what is "AssignmentRandomization"?

6. Line 84-85, "Grapex and placebo powder were filled into capsules matched ..." repeated in Lines 96-97.

7. There are many paragraphs in Discussion. They could be merged in fewer paragraphs to increase the readability.

8. Limitations should be moved before conclusion.

9. In table 1, what is "μ±Ϭ"?

10. The study has 3 excluded participants and 1 pregnant participants. Why did the authors

mentioned the pregnant participant separately?

11. In Figure 2, what the bars and lines are representing?

Regards

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.

Reply to reviewers

Dear reviewer and edditor:

Thanks for your attention and valuable comments, the authors try to respone to yours comments one by one, and all of changes are highlited in the article.

Minor comments:

1- "Administration of GSE" is not a medical term.
Response: Thanks for your attention. Authors corrected it.

2- in methods: what do you mean by "(i20-50 years"?
Response: Thanks for your attention, it's a typoerror mistake. It was corrected to "include 20-50 years".

Major comments:

3- Conflict of Interests: must be written another time in a better structure. See examples of correct writing

4- Conflicts of interest:
in the body of article must be the same in your abstract.
Please complete it. Writing this sentence is not acceptable: " There is no conflict of interest."
Response: Thanks for your attention. It was written in a better structure.

5- Funding/Support: you must write the budget of this trial and from which organization or university have you received this budget.
Funding/Support:
in the body of article must be the same in your abstract.
Please complete it. Writing this sentence is not acceptable: " There is no conflict of interest."
How is it possible for such this study to recieve no budget at all.

Besides, try to match all of your article parts with those parts in this link:
https://www.irct.ir/trial/57601
For example, if you have written a sentence during your trial registration, then you have to write them also in your article.

Response: Thanks for your attention, authors added funding section to the article based on IRCT informations.

6- Methods: How sample size was determined? Write it.
Response: Thanks for your attention; the formula of sample size calculation was mentioned in revised manuscript.

7- Add these parts to your discussion based on this structure:
Limitations:
Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, the multiplicity of analyses
Generalisability:
Generalisability (external validity, applicability) of the trial findings
Interpretation:
Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence

Response: Thanks for your attention; the authors added these parts in discussion.

Associate Editor's Comments:

Major comments:

1. In the process of trial 5 participants dropped in each arm. What was the reason for exclusion of 5 participants in the final analysis? What was the approach to analysis of data; intention-to-treat or per-protocol? How did authors manage the missing visits/data?

   Response: Thanks for your attention; unfortunately, it's a typoerror mistake that were written in fig 1. Obviously, all of participants (45 participants in each arm) included to analysis as it mentioned in beginings of results.
   Also, all of statistic alanalysis were performed on 45 people in each group (Table 1). For example, the sum of male and female (26 and 19) in each group is 45, or the sum of severity of disease (24 and 21) is 45 and other examples. So it corrected in fig 1.

2. With the available results (mean and SD) for weight and BMI, I could calculate the P-values. I found that all the t-test P-value presented for intra-group comparisons were not even less than 0.1. It seems there is a major mistake in statistical analyses. I have the same concern for P-values in Table 2, however, I could not go through their P-value calculations using median and IQR. As a result, authors should re-check all the P-values. Some of them I expect to be wrong are: a. AST and ALT, intra-group for Placebo arm; b. First-month HDL, inter-group between arms; 3. FBS, intra-group for GES arm

   Response: Thanks for your attention, we re-check all of statistical analysis again, and founded that all reported analysis was correct, so, we send the output of statistical analysis, in separately file to clarify it.

3. It is not clear what is 2-by-2 comparisons in Lines 156-165? Do they mean 2X2 contingency table?

   Response: Thanks for your attention; it was corrected to pairwise comparasion.
   Pairwise comparision are methods for analyzing multiple population means in pairs to determine whether they are significantly different from one another. For example, we compared the data between first day and 1 month after treatment, also, between first day and 2 month after treatments.

Minor comments:

1. Term "capsule" can be excluded from the study title.

   Response: Thanks for your attention, it's removed from title.

2. In Funding/support, "finding" should be replaced by "funding"

   Response: Thanks for your attention. It was corrected in the article.

3. Authors should use a uniform term for NAFLD instead of using FLD and fatty liver through the manuscript.

   Response: Thanks for your attention, it was corrected and the uniform term was written in the manuscript.

4. The duration of trial should be added to the methods of abstract and manuscript body.

   Response: Thanks for your attention. The duration of treatment was added to abstract and manuscript body.

5. Line 75, what is "AssignmentRandomization"?
   Response: Thanks for your attention; it was corrected to "Assignment Randomization" in the manuscript.

6. Line 84-85, "Grapex and placebo powder were filled into capsules matched ..." repeated in Lines 96-97.

   Response: Thanks for your attention, the sentences was deleted in lines 96-97

7. There are many paragraphs in Discussion. They could be merged in fewer paragraphs to increase the readability.

   Response: Thanks for your attention; the paragrahs in disscussion were merged in fewer paragraphes.

8. Limitations should be moved before conclusion.

Response: thanks for your attention. The limitations of study were moved before conclusion.

9. In table 1, what is "μ±Ϭ"?

Response: Thanks for your attention, it means mean±SD and it was corrected in manuscript.

10. The study has 3 excluded participants and 1 pregnant participants. Why did the authors mentioned the pregnant participant separately?

Response: Thanks for your attention. 3 paricipants and 1 pregnant paricipant excluded based on exclusion critaria. So, according the exact editor's comments, its better to mention 4 participants excluded.so, it was correceted in fig 1.

11. In Figure 2, what the bars and lines are representing?

Response: Thanks for your attention, the bars and lines that applied in fig2 , were explained in caption of fig2.

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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.

Seyed Moayed Alavian: EIC | **Revision** (1) 1 Nov 2022

Dear Authors,

I am delighted to inform that your manuscript is accepted for publication in Hepatitis Monthly journal.

Thanks
EIC

Seyyed Mohammad Miri: Reviewer | **Revision** (1) 4 Nov 2022

Dear AE,
I read with interest all of the corrections/revisions made by author. It seems that they corrected all of them. This article is now suitable for publishing.

Yours,

Heidar Sharafi: Associate Editor | **Revision** (1) 5 Nov 2022

Dear EIC,

I have no more comments.

Regards,
AE