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

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Peer Review Report for "Post Intensity-Modulated Radiation Therapy Urinary Function for Prostate Cancer; A Prospective Study"

Author(s): Farzad Allameh, Morteza Fallah Karkan, Amir Hossein Rahavian , Bahram Mofid, Samira Azghandi, Amir reza Abedi, Abbas Basiri, Saeed Montazeri

Review Timeline:

Submit Date: 25 Feb 2020
Revised Date: 5 May 2020
Accepted Date: 30 May 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 Mar 2020

Dear AE,
Thanks to the author for the submission of this valuable manuscript. There are some hints that can improve the quality of the submitted paper, as follows:
** General
-Try to correct typographical and grammatical errors. It is advised that the manuscript be reviewed by a native English speaker (preferred) or an academic English learner. You can use the special services provided by IJCM.
- Highlight the effect of ADT in the text and abstract. It has a crucial effect on the improvement of IPSS.
- Put the full-term of acronyms for the first time, followed by acronyms in the parenthesis (e.g. IPSS, RT, IIEF)
** Title
- If PSA and sexual function are included in the objective of the study, include them in the title.
** Keywords
- Omit brachytherapy from the keywords. It is not in the objective of the study.
** Introduction

- Paragraph 2, Line 6: There are several studies in the literature pertaining to the urinary toxicity of IMRT that have published after 2010. Therefore, change this sentence to "
"There is limited evidence regarding the urinary toxicity of IMRT"
** Materials and Methods
* patients
- Provide a detailed step-by-step description regarding the radiotherapy procedure; including fiducial marker implantation (if applicable), preparation for CT simulation (add the rectal preparation), co-registration of pelvic MRI, and how to verify setup during RT sessions (using EPID or CBCT), the treatment planning system, etc.
* Follow-up and IPSS assessment
- Provide a reference for the definition of ODL.
* Radiation therapy
- Add reference pertaining to treatment dose and target volumes.
- Provide evidence for using neoadjuvant antiandrogen therapy for either low or favorable intermediate-risk cases
** Results
- Order the tables based on Arabic numbers.
- Table 1. some rows are needed to be formatted (e.g. Clinical T stage, risk group)
- Change "lowest" to "the highest": The IPSS average was lowest at baseline (14.5 ±6.8).
** Discussion
- Page 10. Line 2. if these numbers are related to the risk groups, refer to them in the sentence.
- Page 10. Line 5. and drink 250 cc water
you can refer to this reference :
"Timing Variability of Bladder Volumes in Men Receiving Radiotherapy to the Prostate"
- Page 10. Paragraph 3. How do you justify the difference in results in comparison with the MSKCC study?
- Add limitations of your study to the end of the discussion. This often makes up for a great discussion section, so do not be afraid to highlight them.
** Conclusion
- This conclusion is not in concordance with the results. In table 2, you mentioned that the LUTS has a decreasing pattern during therapy and the MAX IPSS is at the baseline.
Correct this sentence!
** References
- Follow the IJCM guideline.
- It seems that the references numbered 5-6-18-20 are unrelated to the text. Please choose the appropriate substitution for them.
Thanks.

REFEREE: Associate Editor | **Revision** (0) 7 Apr 2020

Dear EIC,
** General
- The authors should try to correct typographical and grammatical errors. It is advised that the manuscript be reviewed by a native English speaker (preferred) or an academic English learner. You can use the special services provided by IJCM.

- Highlight the effect of ADT in the text and abstract. It has a crucial effect on the improvement of IPSS.
- Put the full-term of acronyms for the first time, followed by acronyms in the parenthesis (e.g. IPSS, RT, IIEF)

** Title

- If PSA and sexual function are included in the objective of the study, include them in the title.

** Keywords

- Omit brachytherapy from the keywords. It is not in the objective of the study.

** Introduction

- Paragraph 2, Line 6: There are several studies in the literature pertaining to the urinary toxicity of IMRT that have published after 2010. Therefore, change this sentence to "
"There is limited evidence regarding the urinary toxicity of IMRT"

** Materials and Methods

* patients

- Provide a detailed step-by-step description regarding the radiotherapy procedure; including fiducial marker implantation (if applicable), preparation for CT simulation (add the rectal preparation), co-registration of pelvic MRI, and how to verify setup during RT sessions (using EPID or CBCT), the treatment planning system, etc.

* Follow-up and IPSS assessment

- Provide a reference for the definition of ODL.

* Radiation therapy

- Add reference pertaining to treatment dose and target volumes.
- Provide evidence for using neoadjuvant antiandrogen therapy for either low or favorable intermediate-risk cases

** Results

- Order the tables based on Arabic numbers.
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- Change "lowest" to "the highest": The IPSS average was lowest at baseline (14.5 ±6.8).

** Discussion

- Page 10. Line 2. if these numbers are related to the risk groups, refer to them in the sentence.
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- Page 10. Paragraph 3. How do you justify the difference in results in comparison with the MSKCC study?
- Add limitations of your study to the end of the discussion. This often makes up for a great discussion section, so do not be afraid to highlight them.

** Conclusion

- This conclusion is not in concordance with the results. In table 2, you mentioned that the LUTS has a decreasing pattern during therapy and the MAX IPSS is at the baseline.
Correct this sentence!

** References

- Follow the IJCM guideline.
- It seems that the references numbered 5-6-18-20 are unrelated to the text. Please choose

the appropriate substitution for them.
Thanks.

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

7 Apr 2020

Dear Author,
Please consider the comments of the associate editor in your manuscript and resubmit.
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: Thank you for the submission of this invaluable manuscript. There are some hints that can improve the quality of your submitted paper, as follows:

1-Try to correct typographical and grammatical errors. It is advised that the manuscript be reviewed by a native English speaker (preferred) or an academic English learner. You can use the special services provided by IJCM.

Reply: The manuscript was reviewed by a native English speaker and typographical and grammatical errors were corrected.

2-Highlight the effect of ADT in the text and abstract. It has a crucial effect on the improvement of IPSS.

Reply: Thanks for your comment. A paragraph was added to introduction of article and highlighted.

3- Put the full-term of acronyms for the first time, followed by acronyms in the parenthesis (e.g. IPSS, RT, IIEF)

Reply: Full-terms of acronyms were added.

4-Title - If PSA and sexual function are included in the objective of the study, include them in the title.

Reply: Our main data focused on effect of IMRT on urinary function of patients. PSA and sexual function are our sub-data and did not play an important role in the overall context of the article, so it seems that adding them in the title is unnecessary.

5- Keywords - Omit brachytherapy from the keywords. It is not in the objective of the study.

Reply: Brachytherapy was omitted from the keywords and quality of life added.

6-Introduction - Paragraph 2, Line 6: There are several studies in the literature pertaining to the urinary toxicity of IMRT that have published after 2010. Therefore, change this sentence to "There is limited evidence regarding the urinary toxicity of IMRT"

Reply: Thanks for your comment. The sentence was changed.

7-Materials and Methods * patients - Provide a detailed step-by-step description regarding the radiotherapy procedure; including fiducial marker implantation (if applicable), preparation for CT simulation (add the rectal preparation), co-registration of pelvic MRI, and

how to verify setup during RT sessions (using EPID or CBCT), the treatment planning system, etc.

Reply: Thanks for your comment. The Radiation therapy of study was completed.

8-Follow-up and IPSS assessment - Provide a reference for the definition of ODL.

Reply: The reference was added.

9- Radiation therapy - Add reference pertaining to treatment dose and target volumes.

Reply: The reference was added.

10- Provide evidence for using neoadjuvant antiandrogen therapy for either low or favorable intermediate-risk cases

Reply: The reference was added.

11-Results - Order the tables based on Arabic numbers. - Table 1. Some rows are needed to be formatted (e.g. Clinical T stage, risk group) - Change "lowest" to "the highest": The IPSS average was lowest at baseline (14.5 ±6.8).

Reply: Tables were changed

12- Discussion - Page 10. Line 2. if these numbers are related to the risk groups, refer to them in the sentence.

Reply: Thanks for your comment. The risk groups were added.

13-Page 10. Line 5. and drink 250 cc water you can refer to this reference: "Timing Variability of Bladder Volumes in Men Receiving Radiotherapy to the Prostate"

Reply: Thanks for your comment. The reference was added.

14- Page 10. Paragraph3. How do you justify the difference in results in comparison with the MSKCC study?

Reply: Thanks for your comment. The differences in the study were expressed in the text below. “However, there are differences such as in sample size, the total dose of

radiotherapy, as well as the difference in the dosage of each treatment session, and finally bladder filling radiotherapy between the present and the MSKCC study".

15-Add limitations of your study to the end of the discussion. This often makes up for a great discussion section, so do not be afraid to highlight them.

Reply: Thanks for your comment. The limitations of study were added.

16- Conclusion - This conclusion is not in concordance with the results. In table 2, you mentioned that the LUTS has a decreasing pattern during therapy and the MAX IPSS is at the baseline. Correct this sentence!

Reply: Unfortunately, the typographical error in entering the data into the table has caused this difference to be corrected.

17- References - Follow the IJCM guideline. - It seems that the references numbered 5-6-18-20 are unrelated to the text. Please choose the appropriate substitution for them.

Reply: References were updated

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.

REFEREE: Reviewer | **Revision** (1) 30 Apr 2020

Dear AE,
I appreciate the meticulous attention in responding to the reviewer's comments. All the comments answered appropriately, except two:
- Comment 10: the reference is not added.
- Comment 11: The clinical stage and risk groups are omitted instead of formatted.
The comment meant that the rows of "clinical stage" and " "risk groups" are not fitted. In other words, they are up and down.
Thanks.

REFEREE: Associate Editor | **Revision** (1) 30 Apr 2020

Dear EIC,
- Comment 10: the reference is not added.
- Comment 11: The clinical stage and risk groups are omitted instead of formatted.
The comment meant that the rows of "clinical stage" and " "risk groups" are not fitted. In other words, they are up and down.
Thanks.

REFEREE: EIC | **Revision** (1) 1 May 2020

Dear Author,
Please consider the comments of the associate editor in your manuscript and resubmit.
Please add the ORCID id of at least the first and corresponding authors in the authors section when submitting the revised manuscript. You can get an ORCID id from the ORCID website at https://orcid.org.
Thank you

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.

You can read the authors' responses to the reviewers' comments in the next page.

Dear editor

I want to thank you and the reviewers of your journal for valuable comments.

Comment 10: the reference is not added

The reference was highlighted.

Comment 11: The clinical stage and risk groups are omitted instead of formatted.

The Table was edited and highlighted.

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) 22 May 2020

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

REFEREE: Associate Editor | **Revision** (2) 24 May 2020

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

REFEREE: EIC | **Revision** (2) 30 May 2020

Dear Author,
This is my pleasure to announce to you that your article has been accepted by the editorial committee after peer review in the International Journal of Cancer Management (IJCM). Hopefully, it will be published in future issues.
Thanks.