**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 "A Cardiac Approach to Wilms Tumor with Tumor Thrombus Extension to the Right Atrium Without Cardiopulmonary Bypass: A 5-Year Follow-up"

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## Review Timeline:

Submit Date: 21 Jun 2020
Revised Date: 23 Jan 2021
Accepted Date: 22 Feb 2021

**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 Jun 2020

Dear AE,
It's important that for case report presentation talking about necessary data is enough, so the authors can delete some data in introduction and talking about surgical approach to these cases.
also please edit the article with help of a native speaker .
Please the authors, talk about the possibility of selecting cases for omitting CPB with non invasive methods before surgery.
Thanks.

**Farid Moradian**: Associate Editor | **Revision** (0) — 6 Jul 2020

Dear EIC,
Please see the valuable review that minor revision was recomended.
Thanks.

**REFEREE**: EIC | **Revision** (0) 7 Jul 2020

Dear authors,

Please revise your manuscript according to the reviewer's comments.

Thanks.

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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

International Journal of Cancer Management

The article presented introduces an immediate treatment of a child with Wilms tumor stage IV, who underwent cardiac surgery without cardiac arrest and cardiopulmonary bypass after neoadjuvant therapy. In this patient, the tumor thrombus extended from the kidney to the right atrium. These children go through neoadjuvant chemotherapy and then undergo surgery. If their thrombus tumor shows no sign of shrinkage with chemotherapy before surgery or remains unchanged (which includes 30% of patients with thrombus tumor), they must be operated on immediately. For surgical treatment of these children, all patients undergo cardiac and pediatric surgery for renal mass simultaneously. In the cardiac surgery, all of them underwent cardiac arrest and cardiopulmonary bypass. In the patient introduced, the patient had cardiac surgery without undergoing cardiac arrest and cardiopulmonary bypass.

To ensure this procedure was effective and tumor or embolic cells did not spread, the patient underwent a 5-year follow-up (In Wilms' tumor, most recurrence and metastasis cases occur in the first 2 years), as it was proved to be effective and no metastases were seen.

This method can open a promising window for the treatment of these patients without being exposed to cardiopulmonary bypass complications.

It is hoped that this article is of interest to your esteemed journal and be useful for treating children with this tumor.

All changes are Highlight

Sincerely,

**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) 18 Feb 2021

Dear AE,
Thanks for the revision. for the final edition, the authors should check misspelling again.
Thannks.

**REFEREE**: Associate Editor | **Revision** (1) 20 Feb 2021

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

**REFEREE**: EIC | **Revision** (1) 22 Feb 2021

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.