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

International Journal of Cancer Management
Article DOI: 10.5812/ijcm.112003
Published in: International Journal of Cancer Management: 14(7); e112003

Peer Review Report for "Metanephric Adenoma: A Case Report of a Rare Benign Renal Tumor"

Author(s): Farzad Allameh, Mahsa Ahadi, Saba Faraji, Seyyed Ali Hojjati

Review Timeline:

Submit Date: 8 Dec 2020
Revised Date: 6 Feb 2021
Accepted Date: 8 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)

29 Dec 2020

Dear AE,
Thanks for submitting this interesting case report to the IJCM.
There are several suggestions for the authors that may improve the quality of this manuscript:
- The manuscript needs English copy-editing.
- Please put the citation numbers of the text in order.
- Please add the full term of the acronyms in the parentheses for their first appearance in the text.
- "Microscopically sections showed a cellular blue tumor composed of tightly, back to back, long branching, angulated ducts, and papillary architecture. Tumor cells have scant cytoplasm and small nuclei without nucleoli. Mitotic figures are very rare. Stroma is scant and it is edematous in some areas. Psammomatous calcification is also seen as well. (Figure 2). "
It seems that the microscopic description of the specimen has many similarities with the following website: https://www.pathologyoutlines.com/topic/kidneytumormetanephric.html. To decrease the probability of plagiarism, please reform the sentences/words.
- Please mention the differential diagnosis of the tumor (according to radiographic and pathologic) features. In addition, please provide information on how the group of physicians ruled out the differential diagnosis to reach the metanephric adenoma. This subject is also

anticipated to be discussed in the “Discussion” section. All differential diagnoses must be mentioned (including nephroblastoma). It is suggested that the authors provide an informative table to differentiate the MA from its differential diagnosis (commonly PRCC and nephroblastoma) according to the IHC.
Thanks.

REFEREE: Associate Editor | **Revision (0)** 31 Dec 2020

Dear EIC,
Thank you for considering me as a reviewer on this manuscript.
My comments are as follows:
-Article TITLE is properly selected.
- The title reflects the content appropriately.
- There is no abbreviation in the TITLE.
- Authors’ names and institutional affiliations should be mentioned according to the journal style.
- The manuscript needs English copy-editing.
- Please put the citation numbers of the text in order.
- Please add the full term of the acronyms in the parentheses for their first appearance in the text.
- "Microscopically sections showed a cellular blue tumor composed of tightly, back to back, long branching, angulated ducts, and papillary architecture. Tumor cells have scant cytoplasm and small nuclei without nucleoli. Mitotic figures are very rare. Stroma is scant and it is edematous in some areas. Psammomatous calcification is also seen as well. (Figure 2). "
It seems that the microscopic description of the specimen has many similarities with the following website: https://www.pathologyoutlines.com/topic/kidneytumormetanephric.html.
To decrease the probability of plagiarism, please reform the sentences/words.
Thanks.

REFEREE: EIC | **Revision (0)** 2 Jan 2021

Dear authors,
Please revise your manuscript according to the reviewer's and associate editor's comments.
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.

Hello editor in chief

Thank you for your comments

These are the answers to the comments :

Reviewer 1 :

Comment 1 : The manuscript needs English copy-editing

Answer 1 : The manuscript edited by kowsarpub editing team. The edited version has been uploaded.

Comment 2 : Please put the citation numbers of the text in order

Answer 2 : Corrected

Comment 3 : Please add the full-term of the acronyms in the parentheses for their first appearance in the text

Answer 3 : Corrected and highlighted

Comment 4 : "Microscopically sections showed a cellular blue tumor composed of tightly, back to back, long branching, angulated ducts, and papillary architecture. Tumor cells have scant cytoplasm and small nuclei without nucleoli. Mitotic figures are very rare. Stroma is scant and it is edematous in some areas. Psammomatous calcification is also seen as well. (Figure 2). "
It seems that the microscopic description of the specimen has many similarities with the following website: https://www.pathologyoutlines.com/topic/kidneytumormetanephric.html.
To decrease the probability of plagiarism, please reform the sentences/words.

Answer 4 : These sentences reformed : (The microscopic sections showed a basophilic neoplasm, composed of tightly packed ducts with a scant papillary architecture. The tumor cells had a scant cytoplasm and small nuclei. Mitosis was low, and scant psammomatous calcification was seen) and highlighted in the manuscript

Comment 5 : Please mention the differential diagnosis of the tumor (according to radiographic and pathologic) features. In addition, please provide information on how the group of physician ruled out the differential diagnosis to reach the metanephric adenoma. This subject is also anticipated to be discussed in the “Discussion” section. All differential diagnosis must be mentioned (including nephroblastoma). It is suggested that the authors provide an informative table to differentiate the MA from its differential diagnosis (commonly PRCC and nephroblastoma) according to the IHC.

Answer 5 : Done. Highlighted in the manuscript and also a table added to the manuscript

Associate Editor's Comments:

Comment 1 : Authors' names and institutional affiliations should be mentioned according to the journal style.

Answer 1 : Corrected

Comment 2 : The manuscript needs English copy-editing

Answer 2 : The manuscript edited by kowsarpub editing team. The edited version has been uploaded.

Comment 3 : Please put the citation numbers of the text in order

Answer 3 : Corrected

Comment 4 : Please add the full-term of the acronyms in the parentheses for their first appearance in the text

Answer 4 : Corrected and highlighted

Comment 5 : "Microscopically sections showed a cellular blue tumor composed of tightly, back to back, long branching, angulated ducts, and papillary architecture. Tumor cells have scant cytoplasm and small nuclei without nucleoli. Mitotic figures are very rare. Stroma is scant and it is edematous in some areas. Psammomatous calcification is also seen as well. (Figure 2). "
It seems that the microscopic description of the specimen has many similarities with the following website: https://www.pathologyoutlines.com/topic/kidneytumormetanephric.html.
To decrease the probability of plagiarism, please reform the sentences/words.

Answer 5 : These sentences reformed : (The microscopic sections showed a basophilic neoplasm, composed of tightly packed ducts with a scant papillary architecture. The tumor cells had a scant cytoplasm and small nuclei. Mitosis was low, and scant psammomatous calcification was seen) and highlighted in the manuscript

Thank you

Dr.Hojjati , corresponder

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: Associate Editor | **Revision** (1) 27 Jan 2021

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

REFEREE: EIC | **Revision** (1) 28 Jan 2021

Dear authors,
Please add the ethics committee approval of this case report to the manuscript.
Thanks.

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.

Hello editor in chief

Thank you for your comment

Comment 1 : Please add the ethics committee approval of this case report to the manuscript.

Answer 1 : added and highlighted in the manuscript. **(** Written and signed informed consent was taken from the patient for publishing the manuscript and also approved by the ethical committee of shahid beheshti university of medical sciences. The patient's private information remained confidential with the researchers.)

corresponder

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: EIC | **Revision** (2) 3 Feb 2021

Dear authors,
Please remove "IHC", "Metanephric Adenoma", and "Renal Tumor" from the keywords list, as they are not MeSH terms. You should provide at least 3 keywords from MeSH terms (https://meshb.nlm.nih.gov/search). In addition, please define all abbreviations when they are used for the first time in the manuscript body, such as CT. Also, please define all abbreviations used in each table, below that table.
Thanks.

OPEN PEER REVIEW

Revision (3)

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.

Hello

Thank you for your comments

These are the answers :

Comment 1 : Please remove “IHC” , “Metanephric Adenoma” , and “Renal tumor” from keywords list, as they are not MeSH terms

Answer 1 : Done. New keywords are : adenoma , immunohistochemistry , papillary renal cell carcinoma , vimentin

Comment 2 : please define all abbreviations whn they are used for the first time in the manuscript

Answer 2 : Done and highlighted in the manuscript

Comment 3 : please define all abbreviations used in each table, below that table

Answer 3 : Done and highlighted below the table (IHC : immunohistochemistry , MA : Metanephric Adenoma , PRCC : Papillary Renal Cell Caecinoma , WT1 : Wilm’s Tumor 1 , BRAF : v-raf murine sarcoma viral oncogene homolog B1, CD57 : Complement Receptor 57 , PAX8 : Paired-box gene 8 (PAX8) , AMACR : alpha-methylacyl-CoA racemase , CK7 : Cytokeratin 7 , EMA : Epithelial Membrane Antigen)

Thank you

OPEN PEER REVIEW

Revision (3)

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

REFEREE: EIC | **Revision** (3) 8 Feb 2021

Dear authors,

Thank you for revising your manuscript.

Thanks.