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 "Evaluation of Clinical Assessment, Mammography, and Ultrasonography in Diagnosis of Benign and Malignant Breast Lesions and Determining Their Cost-Effectiveness"

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Review Timeline:

Submit Date: 21 Apr 2018
Revised Date: 15 Aug 2019
Accepted Date: 14 Sep 2019

Revision (0)

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** (0) 18 Nov 2018

Dear EIC,
I HOPE authors' KINDLY & PERFECT CORRECTION LEAD TO VALUABLE PUBLICATION.
1. CONCORD OR concordant is better than concordance as the British dictate.
2. Various and different radiologist&pathologist reports maybe lead to bias and disorder in results & conclusions. Hence, my recommendation for this problem is a similar study with a single unit, albeit an expert team.
3. Assessment of tests&results must evaluate with age group classification, analysis & assessment of results&studies must be performed for high-risk groups separately...because analysis of this group data with other patients maybe lead to selection bias.
4. The resultant data specially sensitivity&specificity for assessment and diagnostic modalities have remarkable difference in comparison to other valid studies!!!!so your results need specific discussion or restudy&correction....maybe your study & results have special

reasons. That must be mentioned...
5. Sensitivity & specificity of the three modalities (sonography...mammography & clinical evaluation) must assess for benign&malignant lesions separately.
6. The mentioned conclusion hasn't relation with your discussion.
7. Examination character of malignant lesions must be described.
8. In the study, there is 2.4% of patients received RTX PREVIOUSLY!!!SO PERMANENT SIDE EFFECTS OF radiotherapy may behave bias effect on results that need assessment & report & discussion.
9. In The study, there are cases with negative sonography & mammography that underwent biopsy!!! What are your reasons for biopsy in this case??? because such this problem may present as ethical & justice problems.
10. The authors said that such diagnostic modalities have little validity & sensitivity & specificity but recommend these tools as screening facilities!!!! What is your reason??? where is your discussion for this challenge??
11. I think this study should design for evaluation and assessment of diagnostic modalities quality instead of concord with pathologic result!!!!
12. In the review of the previous article, there are similar results!!! (2005_2009)...I think you could design your study for novel&improved titles.
13. Vice versa, the valid studies your resultant sensitivity & specificity for mammography are 73% & 44% with much more doubt & ambiguity!!!???
14. Due to new equality of US $ AND rials!!! The authors must correct the cost & price of modalities.
Thanks.

REFEREE: EIC | **Revision (0)** 19 Nov 2018

Dear Author,
Please revise your manuscript according to the 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.

June 10, 2019

Dear Reviewers:

Thank you very much for your prompt review. We are grateful to the editors and reviewers for their time and constructive comments on our manuscript. We have implemented their comments and suggestions and wish to submit a revised version of the manuscript for further consideration in the journal. Changes in the initial version of the manuscript are either highlighted for added sentences or strikethrough for deleted sentences in the revised version. Below, we also provide a point by-point response explaining how we have addressed each of the editors or reviewers' comments. These changes have clearly improved our manuscript.

Yours sincerely,

On behalf of the co-authors

Point 1: Concord or concordant is better than concordance as British dictate.

Our answer: Thank you for raising this point. As suggested in Point 12 & 13, we have changed title of paper according your suggestion. In the new title the word "concordance" did not used.

Point 2: Various and different radiologist & pathologist reports maybe lead to bias and disorder in results & conclusions so my recommendation for this problem is similar study with single and unit albeit expert team.

Our answer: Thanks for your offer. We agree that a limitation of this study is different radiologist & pathologist reports. Part of diagnostic errors results from non-specialists and other parts results of the tool. Errors in specialized diagnostic methods increase. But diagnose in clinical methods is easier, so the error is reduced. Since the main aim of the study is to cite more clinical diagnosis, it is not necessary to conduct a study using a single and unit albeit expert team.

Point 3: Assessment of tests & results must evaluate with age group classification.

Our answer: Thank you for this comment. Done.

Point 4: Analysis & assessment of result & studies must be perform for high risk group separately … because analysis of this group data with other patients maybe lead to selection bias.

Our answer: Thank you for raising this point. Usually, in our society, patients who seek mammography and subsequently ultrasound are clinically proven. Therefore, the results of this study can be generalized for such societies that are too late for check-up experiments (although the suggestion of reviewer can be one of the limitations of research that our samples are not from normal community.) This is one of the serious limitations of this research for conducting biopsies of healthy samples.

Point 5: Your resultant data especially sensitivity & specificity for assessment and diagnostic modalities have remarkable difference in comparison to other valid studies!!! So your results need specific discussion or restudy & correction … maybe your study & results have special reasons that must be mentioned…

Our answer: Because our samples are taken from the cancer research center and breast clinic, the generalization of the results can be done to such communities. This great difference has been added to the discussion.Done.

Point 6: sensitivity & specificity of your three modalities (sonography … mammography & clinical evaluation) must assess for benign & malignant lesions separately.

Our answer: Done.

Point 7: Your mentioned conclusion hasn't relation with your discussion.

Our answer: Thank you for raising this point. We made corrections in the conclusion.

Point 8: examination character of malignant lesions must be described

Our answer: Thanks for your offer. Characteristics of suspected tumors in cancer are: solid or hard consistency, non-moving, and adhesion to the surrounding tissue. Also, most of these masses are single and painless.

Point 9: in your study there is 2.4%patients that received RTX PREVIOUSLY!!!SO PERMANENT SIDE EFFECTS OF radiotherapy may be have bias effect on results that need assess & report & discussion

Our answer: Thank you for these comments. Due to the low percentage of these individuals (about 5 people), the emphasis on this effect was discarded.

Point 10: in your study there are cases with negative sonography & mammography that underwent biopsy!!! What are your reasons for biopsy in these cases???Because such this problem may present as ethic & justice problems

Our answer: Thank you for raising this point. This point is contradictory with the fourth point. But in this study, since most patients with positive clinical evidence were at least one of the symptoms, biopsy was offered morally.

Point 11: you said that such this diagnostic modalities have little validity & sensitivity & specificity but recommend this tools as screening facilities!!!!What is your reason???Where is your discussion for this challenge??

Our answer: Thank you for these comments. Since the results of this study have been extracted from the community referring to the cancer research center and breast clinic, ultrasound and mammograms have lower credibility than clinical evidence. If this study were to be carried out in the normal society, these differences would be reduced. Therefore, in general, these two diagnostic methods of mammography and ultrasound will increase with clinical evidence of diagnostic accuracy of breast cancer.

Point 12: I think this study should design for evaluation and assessment of diagnostic modalities quality instead of concord with pathologic result!!!!

Our answer: Thank you for these comments. We changed title of paper according your suggestion .

Point 13: In your review of previous article there are similar results!!!(2005_2009)...I think you could design your study for novel & improved titles.

Our answer: Thank you for raising this point. We have changed the title of paper according your suggestion, although previous studies (2005_2009) have been conducted a decade before, so it's not a hindrance to repeating it.

Point 14: vice versa the valid studies your resultant sensitivity & specificity for mammography are 73% & 44% that have much more doubt & ambiguity!!!???

Our answer: The results generalization of this study are available for similar populations (referring to cancer research center and breast clinic). Therefore, the results of this study differ with the results of normal societies.

Point 15: due to new equality of US $ AND Rials!!!You must correct cost & price of modalities

Our answer:The cost of evaluation methods was taken within a certain time frame. For each of the three methods, the Rials and the US $ have been approximately equal.

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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.

REFEREE: Associate Editor | **Revision** (1) 9 Aug 2019

Dear EIC,
PUBLICATION OF MANUSCRIPT HAS NO PROBLEM WITH MINOR REVISION IN ADDITION TO EIC DISCRETION.
Thanks.

REFEREE: EIC | **Revision** (1) 10 Aug 2019

Dear Author,
Please revise your manuscript according to the following comments:
1. Abstract is too long. An abstract of 250-350 words should be provided to state the reason for the study, the main findings, and the conclusions drawn from the observation.
2. 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.
3. Please mention "conclusion" as a separate subtitle of discussion part.
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.

August 16, 2019

Dear Reviewers:

Thank you very much for your prompt review. We are grateful to the editors and reviewers for their time and constructive comments on our manuscript. We have implemented their comments and suggestions and wish to submit a revised version of the manuscript for further consideration in the journal. Below, we also provide a point by-point response explaining how we have addressed each of the editors or reviewers' comments. These changes have clearly improved our manuscript.

Yours sincerely,

On behalf of the co-authors

Point 1: abstract is too long. An abstract of 250-350 words should be provided to state the reason for the study, the main findings and the conclusions drawn from the observation.

Our answer: Thank you. Done. We shortened the abstract to under 350 words.

Point 2: Please add the ORCID id of at least the first and corresponding authors in authors section when submitting the revised manuscript. You can get an ORCID id from ORCID website at https://orcid.org.

Our answer: Thanks for your offer. Done. Mojgan **nabatzade is** corresponding authors. Her Orchid Code is https://orcid.org/0000-0001-9748-6518

Point 3: Please mention "conclusion" as a separate subtitle of discussion part.
Our answer: Thank you for this comment. Done.

6. Conclusion

We suggest that every radiologist willing to report mammography should be additionally trained in this special subject in order to reduce false positive and false negative reports. Besides, all breast surgeons should have been fully trained in breast ultrasound exam so they can exam directly their patients and assess the accuracy of radiologist report and check it's concordant with the physical exam. These two simple educational steps can reduce the majority of mismanagement of patients due to false radiologic reports and save the patient's and clinician's time as well. Therefore, the use of biopsy as a gold standard is considered for malignant lesions by high level accuracy in radiologic reports.

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) 14 Sep 2019

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.