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 Endocrinology and Metabolism
Article DOI: 10.5812/ijem.101612
Published in: International Journal of Endocrinology and Metabolism: 18(3); e101612

Peer Review Report for "Knowledge, Attitude, and Practice Regarding Cardiovascular Diseases in Adults Attending Health Care Centers in Tehran, Iran"

Author(s): Fatemeh Koohi, Davood Khalili

Review Timeline:

Submit Date: 8 Feb 2020
Revised Date: 1 Sep 2020
Accepted Date: 13 Sep 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)

7 Apr 2020

Dear AE,
There are two major problems here:
1. Basically, the issue of knowledge, attitude, and practice regarding heart disease is not a new topic, so in order to conduct another study in this regard, sufficient scientific justifications must be provided.
2. To determine the sample size, there should be a scientific and acceptable criterion.300 people is not enough for a descriptive study on the prevalence of the cardiovascular disease. Therefore, either the number of samples should be increased sufficiently or scientific justification should be provided for the current number.
3. There is no explanation in the text of the article regarding the criteria for determining the items as well as the validity. Due to the development of tools by the researcher, it is necessary to be sufficiently confident about the way of compiling the items and also the method of reviewing and confirming their validity and reliability.
4. What was the criterion for classifying the percentage of the three main variables from very sufficient to very satisfactory?
5. Given the first question, what is the new and amazing achievement of the study that

justifies its publication?
Thanks.

REFEREE: Reviewer | **Revision** (0) 5 May 2020

Dear AE,
I read the manuscript entitled "Knowledge, Attitude, and Practice (KAP) regarding cardiovascular diseases (CVDs) in adults attending health care centers in Tehran, Iran". Overall, it is well-written; however, some amendments are needed. My comments are as follows:
1) Abbreviations should be deleted from the article title.
2) Abstract, Results:
Is age > 49 yr correct? Age categories were less or more than 40.
In the sentence "Regarding physical activity, the only independent factor was sex.", the sex should be clarified; which sex?
3) Why didn't you separate assessing behaviors related to nutrition and smoking?
4) Definitions of variables and their categories should be included in the main text of the manuscript.
5) Data presentation in Table 1 can be more structured; for example, n (%).
6) Table 4: Multivariate nature of the analysis should be mentioned in the Table caption.
7) Abbreviations used in Tables should be explained in their footnotes.
8) Please add a sample of the survey questionnaire as a supplementary file.
Thanks.

REFEREE: Associate Editor | **Revision** (0) 15 Jun 2020

Dear EIC,
The review process of the manuscript has been completed. Based on reviewers' comments and my own opinion it needs major revision.
Sincerely yours,

REFEREE: EIC | **Revision** (0) 20 Jun 2020

Dear Author,
The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.
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.

Dear editor in chief

Thank you for allowing us to submit a revised draft of our manuscript titled “Knowledge, Attitude, and Practice (KAP) regarding cardiovascular diseases (CVDs) in adults attending health care centers in Tehran, Iran” to International Journal of Endocrinology and Metabolism (IJEM). We appreciate the time and effort that you and the reviewers have dedicated to providing valuable feedback on our manuscript. We are grateful to the reviewers for their insightful comments, which have improved the paper. We have incorporated changes that reflect most of the suggestions provided by the reviewers. All changes are highlighted in yellow in the revised manuscript. Please see below for our point-by-point responses to the reviewers' comments. If any responses are unclear or you wish additional changes, please do not hesitate to let us know.

Comments for Reviewer #1

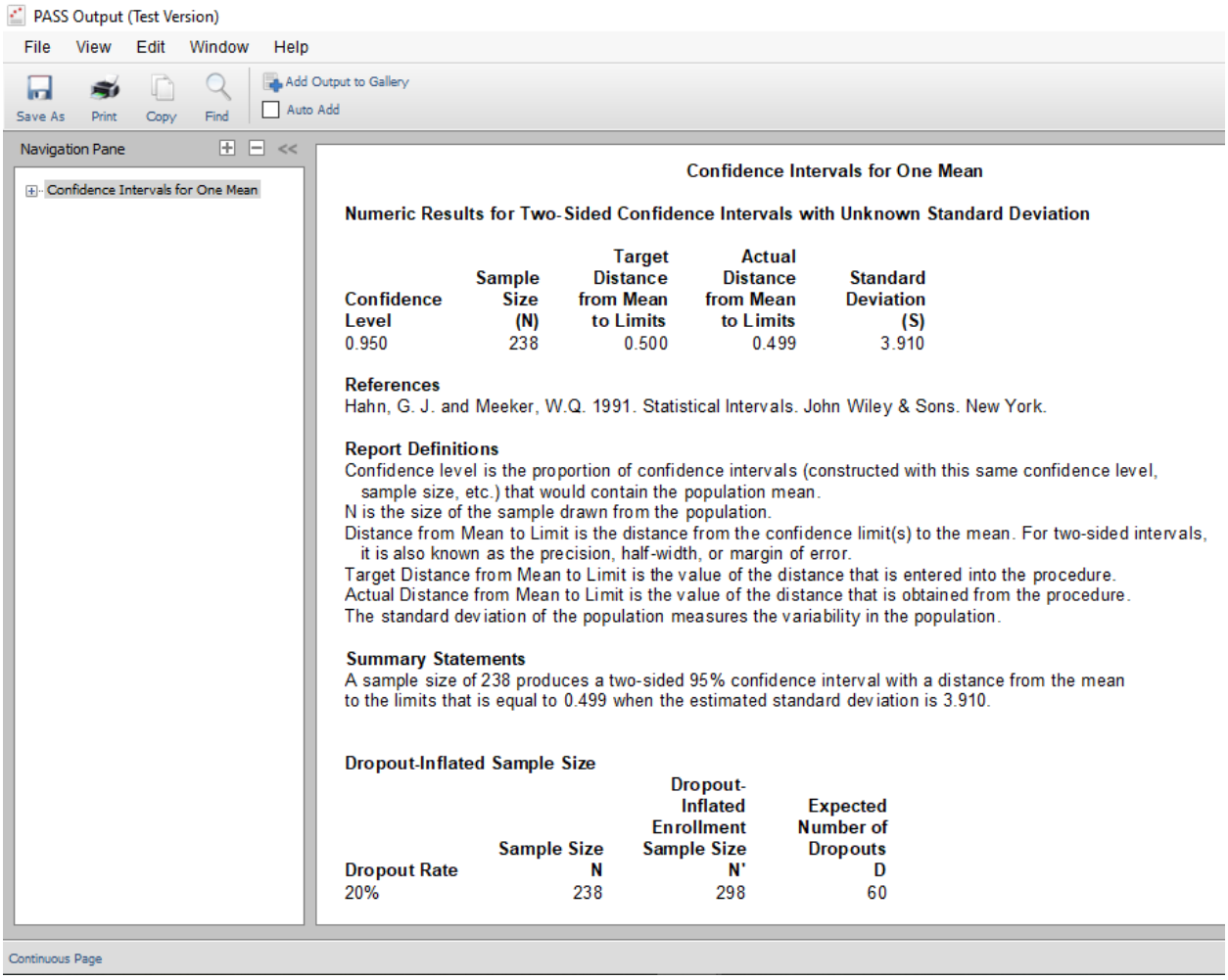
Comment 1: Basically, the issue of knowledge, attitude, and practice regarding heart disease is not a new topic, so in order to conduct another study in this regard, sufficient scientific justifications must be provided.

Response: Thank you. We agree with this comment and have revised accordingly. In the revised manuscript we have added a paragraph into the introduction. **Page 2.**

Comment 2: To determine the sample size, there should be a scientific and acceptable criterion.300 people is not enough for a descriptive study on the prevalence of cardiovascular disease. Therefore, either the number of samples should be increased sufficiently or scientific justification should be provided for the current number.

Response: We have calculated the sample size using the PASS software according to the standard deviation (3.91) of the knowledge of CVD in women who referred to the health care centers in Yazd province in the study conducted by Mazloomy and colleagues. According to a standard deviation equal to 3.91 in an infinite population, the required sample size for assessing the mean knowledge score of individuals was 238 that after considering a 20% dropout rate it was 298, so we consider 300 individuals to participate in our study. The picture of software and

the sample size as follows. We have also modified this section of the method accordingly. **Page 3.**


PASS Output (Test Version)

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Confidence Intervals for One Mean

Confidence Intervals for One Mean

Numeric Results for Two-Sided Confidence Intervals with Unknown Standard Deviation

Confidence Level	Sample Size (N)	Target Distance from Mean to Limits	Actual Distance from Mean to Limits	Standard Deviation (S)
0.950	238	0.500	0.499	3.910

References

Hahn, G. J. and Meeker, W.Q. 1991. Statistical Intervals. John Wiley & Sons. New York.

Report Definitions

Confidence level is the proportion of confidence intervals (constructed with this same confidence level, sample size, etc.) that would contain the population mean.
N is the size of the sample drawn from the population.
Distance from Mean to Limit is the distance from the confidence limit(s) to the mean. For two-sided intervals, it is also known as the precision, half-width, or margin of error.
Target Distance from Mean to Limit is the value of the distance that is entered into the procedure.
Actual Distance from Mean to Limit is the value of the distance that is obtained from the procedure.
The standard deviation of the population measures the variability in the population.

Summary Statements

A sample size of 238 produces a two-sided 95% confidence interval with a distance from the mean to the limits that is equal to 0.499 when the estimated standard deviation is 3.910.

Dropout-Inflated Sample Size

Dropout Rate	Sample Size N	Dropout-Inflated Enrollment Sample Size N'	Expected Number of Dropouts D
20%	238	298	60

Continuous Page

Comment 3: There is no explanation in the text of the article regarding the criteria for determining the items as well as the validity. Due to the development of tools by the researcher, it is necessary to be sufficiently confident about the way of compiling the items and also the method of reviewing and confirming its validity and reliability.

Response: Thank you. We have revised the section related to the questionnaire. **Page 3.**

Comment 4: What was the criterion for classifying the percentage of the three main variables from very sufficient to very satisfactory?

Response: We have classified these variables based on a study was conducted in Nepal. In the revised manuscript, we added the related reference in the statistical analysis section. **Page 4.**

Comment 5: Given the first question, what is the new and amazing achievement of the study that justifies its publication?

Response: The high level of knowledge and attitude about CVD among our participants that might be due to the implementation of the IraPEN program in primary health care centers and the effectiveness of educational intervention of this program.

Comments for Reviewer #2

Comment 1: Abbreviations should be deleted from the article title.

Response: Agreed. We have revised accordingly.

Comment 2: Abstract, Results: Is age > 49 yr correct? Age categories were less or more than 40.

In the sentence "Regarding physical activity, the only independent factor was sex.", the sex should be clarified; which sex?

Response: Thank you for pointing this out. There was a printing mistake in the abstract and we have corrected it in the revised manuscript. Page 1.

Comment 3: Why didn't you separate assessing behaviors related to nutrition and smoking?

Response: because we only had one item regarding smoking behavior and in the exploratory factor analysis it had a better factor loading with nutrition items.

Comment 4: Definitions of variables and their categories should be included in the main text of the manuscript.

Response: We did not understand what is the main question of the respected reviewer, but in case the question is regarding the definition of Knowledge, attitude, and practice, in the revised manuscript we have added these definitions at the beginning of the questionnaire section. **Page.3.**

Comment 5: Data presentation in Table 1 can be more structured; for example, n(%).

Response: Thank you. We have revised Table 1 accordingly. **Page.10.**

Comment 6: Table 4: Multivariate nature of the analysis should be mentioned in the Table caption.

Response: We agree with this comment and have revised accordingly. Table 4. **Page 13.**

Comment 7: Abbreviations used in Tables should be explained in their footnotes.

Response: Thank you for pointing this out. In the revised manuscript we modified.

Comment 8: Please add a sample of the survey questionnaire as a supplementary file.

Response: Thank you. Unfortunately, the main version of the questionnaire is in Persian if it is ok we can add it as a supplementary.

We look forward to hearing from you in due time regarding our submission. Please let me know if you have any further questions and comments.

Sincerely,

Davood Khalili

dkhalili@endocrine.ac.ir

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) 23 Aug 2020

Dear AE,
My comments have been addressed; only, the second part of comment 2 has not been considered, however, it can be corrected during the proofreading. In the "Abstract", in the sentence "Regarding physical activity, the only independent factor was sex.", the sex should be clarified; which sex? what relation?
Thanks.

REFEREE: Reviewer | **Revision** (1) 29 Aug 2020

Dear AE,
The author refers to the process of assessing the validity and reliability of the study (CVR, CVI , EFA, CFA), But the results of this study are not mentioned in the article. Reporting these results is desirable because it covers the weaknesses of the article.
Thanks.

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

Dear EIC,
The revised version of the manuscript has been assessed. Based on the reviewer's comments the current version of the manuscript needs a "MINOR REVISION" before further process for publication.
Sincerely yours,

REFEREE: EIC | **Revision** (1) 30 Aug 2020

Dear Authors,
Based on the reviewers' comment the manuscript needs minor revision.
Thanks.

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

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

Dear editor in chief

Thank you for allowing us to submit a second minor revised draft of our manuscript titled “Knowledge, Attitude, and Practice (KAP) regarding cardiovascular diseases (CVDs) in adults attending health care centers in Tehran, Iran” to International Journal of Endocrinology and Metabolism (IJEM). We really appreciate the time and effort that you and the reviewers have dedicated to providing valuable feedbacks on our manuscript. We are grateful to the reviewers for their insightful comments, which have improved the paper. We have incorporated changes that reflect the second commants provided by the reviewers. All changes are highlighted in yellow in the second revised manuscript. Please see below for our responses to the reviewers' comments. If any responses are unclear or you wish additional changes, please do not hesitate to let us know.

Comments for Reviewer #1

Comment 2: The author refers to the process of assessing the validity and reliability of the study (CVR, CVI , EFA, CFA)), But the results of this study are not mentioned in the article. Reporting these results is desirable because it covers the weaknesses of the article.

Response: Thank you. We agree with this comment and have revised accordingly. In the second revised manuscript we have added a summary of the ruslts of the CVR, CVI , EFA, and CFA into the questionnaire section. **Page 3 & 4.**

Comments for Reviewer #2

Comment 1: My comments have been addressed; only, the second part of comment 2 has not been considered, however, it can be corrected during the proofreading. In the "Abstract", in the sentence "Regarding physical activity, the only independent factor was sex.", the sex should be clarified; which sex? what relation?

Response: Thank you for pointing this out again. We have revised accordingly into the abstract.

We look forward to hearing from you in due time regarding our submission. Please let me know if you have any further questions and comments.

Sincerely,

Davood Khalili

dkhalili@endocrine.ac.ir

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) 13 Sep 2020

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.