OPEN PEER REVIEW

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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
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- 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 New Perspective in the Management of Graves' Hyperthyroidism"

Author(s): Fereidoun Azizi

Review Timeline:

Submit Date: 3 Mar 2020
Revised Date: 29 Jun 2020
Accepted Date: 29 Jun 2020

Revision (0)

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

Ken Okamura: Reviewer | **Revision** (0) 8 Apr 2020

Dear AE,
A new perspective in the management of Graves' hyperthyroidism.
This is a good Review Article describing a new perspective in the management of Graves' hyperthyroidism, mainly introducing the scoring system for prediction of relapse after ATD withdrawal and recommending conventional 12-18 months of ATD treatment for mild Graves' hyperthyroidism and >60 months of ATD treatment for moderate to severe disease, inducing high rate of remission after ATD withdrawal. I have a few questions.
Comments for the authors:
- Page 4 of 12, Line3-4; This disease have → This disease has
require → requires
- Page 4 of 12, Line 10; "Radioactive treatment and antithyroid (ATD) administration "may be better expressed as "Radioactive-iodine treatment and antithyroid drug (ATD) administration".
- Page 5 of 12, Line 9; As a factor of relapse, "biochemically severe disease" seems ambiguous. Does this mean elevated serum thyroid hormone levels or does this also mean elevated serum alkaline phosphatase level, BNP level, or decreased cholesterol level? Quantitative evaluation of the severity of Graves' hyperthyroidism is very difficult and it may better be specifically expressed.
- Page 5 of 12, Line 10 The later factor → The latter factor ? or it may be better expressed

as TRAb. Or does this include the treatment period which may also have a strong association, as you pointed out later (Page 6 of 12, Line 9)? In that case, it may better be expressed as “the latter factors “.

- Page 5 of 12, 5th line from the bottom (Figure 1); It is difficult to understand how come overall relapse rate would become more than 30-55%. Total relapse rate would be 35 (30.4 + 3.8)% – 65 (60.8 + 3.8)% if we include the patients with normal TRAb. Are these values based on Ref (2) or Ref (10) or others? If we treat the patients with low but positive TRAb (64% of patients) with long-term ATD therapy, total relapse would be 19(4.8 + 14.1)% – 24(9.6+14.1)%. Why don’t you recommend treating the patients with low but positive TRAb with long-term ATD therapy?
- I am not sure whether the patients could be called in remission when TRAb is still positive, even if the titer is low. If the patients with positive TRAb (>1.5 IU/L) were also treated by long-term ATD therapy, the overall relapse rate would be calculated to be 19-24%, although standard 12-18 months treatment may be recommended only in 12%.
- Page 6 of 12, 6th line from the bottom; It may be useful for the readers if criteria for class I, II and III is shown.
- Page 7 of 12, 5th line (Figure 2); What is the basis of the value of 16% for relapse rate after >60 months of ATD treatment in class II and III GREAT score? If this value is based on Ref 13 which might include Class I patients, the relapse rate would be slightly higher.
- GREAT score may be useful to know the necessary treatment period in advance. However, it is still not clear whether this “pretreatment information” could tell the long-term prognosis after >60 months of ATD treatment. It may be more helpful to include the “information during the treatment” such as the change in TRAb titer or thyroid weight before the decision to withdraw ATD.
- As the authors of references, the journal requires to list the first six authors followed by et al. Please check Ref # 2, 5, 7, 8, 9, 10, 11, 15, and 16.
- Ref 11: Please check the names of authors. Are these Maugendre D, Gatel A et al ?

Thanks.

REFEREE: Reviewer | **Revision** (0) 19 Apr 2020

Dear AE,

Thank you for inviting me to review the manuscript entitled “A new perspective in the management of Graves' hyperthyroidism”.

This is a well-written manuscript, pointed to some important aspects in the management of hyperthyroidism, but some points are worth to be noticed.

1- on page 3, the second paragraph a reference is needed in line 6.

2- On page 3, the word titer should be added to TRAb.

3- On page 3, line 13, the sentence, “since it was reported that in patient ….” Is too long and should be edited.

4- On page 3, the sentence just before reference (10) should be revised according to the setting of the related study (in which population the study has been done, are they under treatment or not).

5- The manuscript needs English – editing.

Thanks.

REFEREE: Associate Editor | **Revision** (0) 28 Apr 2020

Dear EIC,
The manuscript needs some minor changes and English editing before acceptance.
Thanks.

REFEREE: EIC | **Revision** (0) 29 Apr 2020

Dear Author,
The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to the 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 EIC and reviewers,
Greetings,
All respectful comments were considered in the revised manuscript.
Regards.

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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: EIC | **Revision (1)** 29 Jun 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.