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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.

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- More motivations for all involved roles in the review process
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- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

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Peer Review Report for "A Clinical Debate: What Is the Therapeutic Choice for Recurrent Graves' Hyperthyroidism?"

Author(s): Hengameh Abdi, Seyed Rasoul Zakavi, Fereidoun Azizi

Review Timeline:

Submit Date: 31 Aug 2020
Revised Date: 26 Sep 2020
Accepted Date: 29 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.

Atieh Amouzegar: Associate Editor | **Revision** (0) 9 Sep 2020

Dear EIC,
Thank you for inviting me to review the article entitled " a clinical debate: what is the therapeutic choice for recurrent Graves' hyperthyroidism".
The authors tried to cover many aspect regarding Pros and Cons of two treatment options, however some points are needed to be highlighted.
1- The case should be defined more in details, e.g how long did she remained euthyroid before first relapse?
2- Page 4, line 50, few publications reported ,….: it needs more than one reference .
3- Line 54, page 4, the dose of MMI should be noted.
4- Page, 4 line 57, what, if the patients were prescribed just 5mg of MMI, that is the case in the current case, regarding the adverse effects?
5- As the patient became euthyroid after just 6 weeks and needed 5 mg MMI for 18 months to remain euthyroid, what the explanation is regarding RIT in the second relapse; because the chance of becoming euthyroid with one tablet of MMI even during the second relapse is high.
6- What is the explanation/justification of the two society for choosing RIT as the preferred therapy?
7- Page 5 line 77, what does higher doses mean?

8- Page 7, line 122 needs a reference at the end of the sentence.

9- The aspect of cancer, HRQL was discussed in the context of just one study each, and needs to be reviewed more comprehensive.

10 – Post RIT hypothyroidism is a matter of debate, and I found nothing regarding this issue in the discussion.

Second debate

- How far is safe to continue long-term MMI therapy, 10, 20, or more years?
- What are the items that a physician should consider for choosing between these two treatment options?

Thanks.

REFEREE: EIC | **Revision** (0) 9 Sep 2020

Dear Author,

The manuscript needs revision before it can be accepted for publication.

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.

The authors tried to cover many aspect regarding Pros and Cons of two treatment options, however some points are needed to be highlighted.
1- The case should be defined more in details, e.g how long did she remained euthyroid before first relapse?
Response: Agreed and done; page 2, lines 10 and 13.

2- Page 4, line 50, few publications reported ,….: it needs more than one reference .
Response: Agreed and reference number 8 (Azizi F, Malboosbaf R. Long-term antithyroid drug treatment: a systematic review and meta-analysis. Thyroid. 2017;27(10):1223-31.) was added.

3- Line 54, page 4, the dose of MMI should be noted.
Response: The rate of 13% has been derived from 31 observational studies with different MMI doses which have not been mentioned specifically in the systematic review.

4- Page, 4 line 57, what, if the patients were prescribed just 5mg of MMI, that is the case in the current case, regarding the adverse effects?
Response: In the mentioned study, the average dose of MMI given at onset of agranulocytosis was 25.2 ± 12.8 mg/d; agranulocytosis developed in > 71.6% of patients within 60 days and in 84.6% within 90 days. Certainly, for initiation of MMI in the relapse of this case, its dose would be more than 5 mg per day. Considering your comment, this section was revised. Page 4, lines 57-59.

5- As the patient became euthyroid after just 6 weeks and needed 5 mg MMI for 18 months to remain euthyroid, what the explanation is regarding RIT in the second relapse; because the chance of becoming euthyroid with one tablet of MMI even during the second relapse is high.
Response: Regarding all issues argued by the first specialist, a nuclear medicine specialist, he prefers RIT as the choice of treatment in this case vignette, as mentioned in his conclusion in page 8.

6- What is the explanation/justification of the two society for choosing RIT as the preferred therapy?
Response: Based on the evidence regarding comparison of efficacy and safety of therapeutic modalities available until the release of these guidelines, most of them argued in this manuscript, they have preferred RIT for treatment of recurrent Graves' disease.

7- Page 5 line 77, what does higher doses mean?
Response: The dose was added; page 5, line 91.

8- Page 7, line 122 needs a reference at the end of the sentence.
Response: Agreed and added.

9- The aspect of cancer, HRQL was discussed in the context of just one study each, and needs to be reviewed more comprehensive.
Response: Agreed and revised. Page 8, lines 146-149; the issue of RIT-related cancer incidence and mortality risk was also addressed in the section of mortality; lines 120-135.

10 – Post RIT hypothyroidism is a matter of debate, and I found nothing regarding this issue in the discussion.
Response: This item was mentioned in lines 73-76 and 145-146 from the viewpoint of the first specialist. Another paragraph is added to describe hypothyroidism after RIT too; page 5, lines 76-84.

Second debate

How far is safe to continue long term MMI therapy, 10, 20 or more years?

Response: We have safety data regarding 24-year MMI use; the related article is under review in an international journal.

What are the items that a physicians should consider for choosing between these two treatment options?

Response: These items have been discussed throughout the manuscript and two conclusions.

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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.

Atieh Amouzegar: Associate Editor | **Revision (1)** 29 Sep 2020

Dear EIC,
The manuscript is acceptable.
Thanks.

Fereidoun Azizi & Dr. Azita Zadeh-Vakili: EIC | **Revision (1)** 29 Sep 2020

Dear Author,
The revised manuscript is acceptable for publication in the IJEM.
Thanks.