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 "Medication Non-adherence Prevalence and Determinants in Children and Adolescents with Chronic Liver Diseases"

Author(s): Seyed Mohsen Dehghani, Alireza Shamsaeefar, Azar Kazemi, Kourosh Kazemi, Amirali Mashhadiagha, Seyed Ali Moosavi , Nasrin Motazedian, Saman Nikeghbalian, Seyed Ali Malekhosseini

Review Timeline:

Submit Date: 28 Dec 2020
Revised Date: 1 Mar 2021
Accepted Date: 17 Mar 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) — 6 Feb 2021

Dear AE,
1. The manuscript is well designed. and writened in a good manner.
2. English writing is acceptable
3. Referencing and citation section is writened prpoerely
4. Methods and results writened properley
5. In my point of view and after studing and reviewing the different aspects of this manuscript,my decision is "accept" regarding this manuscript.
Thanks.

REFEREE: Reviewer | **Revision** (0) — 17 Feb 2021

Dear AE,
Major revisions:
- The reason why the authors did not classify the patients based on their severity of liver disease should be explained.
- Reporting baseline Child-Pugh and MELD score of the patients involved and the

relationship between these scores and medications adherence could add great value to the manuscript and should be provided by the authors in case it is available.
- The outcomes of the patients with low adherence levels and comparison of their outcomes with high adheres could be helpful and should be provided by the authors.
Minor revisions:
Abstract:
- Line 5 background: reword to “one of the”
- Line 6: Bold “objectives”
- Line 8: were enrolled
Background:
- Line 26: dotted twice.
Statistical methods:
- Rewrite lines72 and 74
Results:
- Line 84: reword to “university degree”
- Line 96: please clarify what the author meant by mentioning “medication to treat liver disease”
- Line 105: numerically older
- Lines 108-109: eliminate the primary explanation, statistical data seems enough
- Line 113: please categorize the difference and clarify that patients with higher education Levels were high adheres
- Line 126: reword to the factors were
- Table 1: mention types of inherited disease and tumors if available
- Table 4: use either predictors or factors.
- Table 4: reword “table” to “table”.
Discussion:
- Line 135: reword the sentence
- Line 148: to improve
- Line 164: reword the sentence
- Line 164-169: explain the relevance to the findings of your manuscript
- Line 177: reword sentence, did the authors meant more or less?
- Line 187: please notice health literacy is different from literacy
- Line 195: monthly income of family
- Line 200: reword sentence
- Lines 212-213: reword
The manuscript entitled “: Medication non-adherence prevalence and determinants in children and adolescents with chronic liver diseases” which was sent for review, is considered an acceptable paper after minor and major revisions. Similar articles have been published in the past. 1
A few comments could be made about this manuscript as they are brought to you in the following sentences.
1. Moayed MS, Khatiban M, Nassiri Toosi M, Khodaveisi M, Soltanian AR, Ebadi A. Barriers to Adherence to Medical Care Programs in Liver Transplant Recipients: A Qualitative Study. Int J Organ Transplant Med. 2019;10(3):115-126.
Regards

REFEREE: Associate Editor | **Revision** (0) 19 Feb 2021

Dear EIC,
why the authors did not classify the patients based on their severity of the liver disease should be explained.
- Reporting baseline Child-Pugh and MELD score of the patients involved and the relationship between these scores and medications adherence could add great value to the manuscript and should be provided by the authors in case it is available.
- The outcomes of the patients with low adherence levels and comparison of their outcomes with high adheres could be helpful and should be provided by the authors.
Thanks.

REFEREE: EIC | **Revision** (0) 20 Feb 2021

Dear Author,
Thank you for submitting your manuscript to Iran J Pediatr. Your manuscript has now been reviewed by two reviewers and an Associate Editor. I now have the reports of the Referees, which suggest that your manuscript might be suitable for publication following a number of revisions. I attach some reviewer comments and invite you to submit a revised version of your manuscript addressing the points made.
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, Dear

Thank you for your valuable comments. We modified the manuscript based on your comments. The changed parts are in yellow color. The Reviewer 2 comments as major revision part are the same as associate Editor 1 comments.

Reviewer 2:

Major revisions:

- The reason why the authors did not classify the patients based on their severity of liver disease should be explained.

Response: The PELD /MELD score are not able to be calculated for some liver disease such as: Familial hypercholesterolemia, Crigler–Najjar syndrome, primary hyperoxaluria. Therefore, there was no uniform score to classify the patients.

- Reporting baseline Child-Pugh and MELD score of the patients involved and the relationship between these scores and medications adherence could add great value to the manuscript and should be provided by the authors in case it is available.

Response: The collection of data based on patients' information (self-reporting). There was some missing data about MELD score, and for some patients the MELD/PELD are not able to be calculated as mentioned above.

- The outcomes of the patients with low adherence levels and comparison of their outcomes with high adheres could be helpful and should be provided by the authors.

Response: Our study is a cross sectional study, and for reporting outcomes we should design a cohort study.

Minor revisions:

Abstract:

- Line 5 background: reword to "one of the"

It is corrected.

- Line 6: Bold "objectives"

It is corrected.

- Line 8: were enrolled

It is corrected.

Background:

- Line 26: dotted twice.

It is corrected.

Statistical methods:

- Rewrite lines72 and 74

It is corrected.

Results:

- Line 84: reword to “university degree”

It is corrected.

- Line 96: please clarify what the author meant by mentioning “medication to treat liver disease”

We mean the drugs that treat underlying disease to some extent for example: Penicillamine and trientine are used to treat Wilson disease. But mineral or vitamin has supportive role.

- Line 105: numerically older

It is corrected.

- Lines 108-109: eliminate the primary explanation, statistical data seems enough

It is corrected.

- Line 113: please categorize the difference and clarify that patients with higher education Levels were high adheres

You are right, I deleted the statement. It did not make sense. It is corrected.

- Line 126: reword to the factors were

It is corrected.

- Table 1: mention types of inherited disease and tumors if available:

Inherited disease: glycogen storage disease/ Wilson's Disease/ Crigler–Najjar syndrome/ Familial hypercholesterolemia/ Tyrosinemia/hyperoxiuria/PFIC

Tumor: Hepatoblastoma

- Table 4: use either predictors or factors.

It is corrected.

- Table 4: reword “table” to “table”.

We did not understand what you mean?

Discussion:

- Line 135: reword the sentence

It is corrected.

- Line 148: to improve

It is corrected.

- Line 164: reword the sentence

It is corrected.

- Line 164-169: explain the relevance to the findings of your manuscript

It is explained.

- Line 177: reword sentence, did the authors meant more or less?

It is corrected.

- Line 187: please notice health literacy is different from literacy

Yes, you are right, we modified the statements and citation.

- Line 195: monthly income of family

It is corrected.

- Line 200: reword sentence

It is corrected.

- Lines 212-213: reword

It is corrected.

The manuscript entitled ": Medication non-adherence prevalence and determinants in children and adolescents with chronic liver diseases" which was sent for review, is considered an acceptable paper after minor and major revisions. Similar articles have been published in the past. 1

A few comments could be made about this manuscript as they are brought to you in the following sentences.

1. Moayed MS, Khatiban M, Nassiri Toosi M, Khodaveisi M, Soltanian AR, Ebadi A. Barriers to Adherence to Medical Care Programs in Liver Transplant Recipients: A Qualitative Study. Int J Organ Transplant Med. 2019;10(3):115-126.

We added the mentioned reference.

Associate Editor 1:

why the authors did not classify the patients based on their severity of the liver disease should be explained.

- Reporting baseline Child-Pugh and MELD score of the patients involved and the relationship between these scores and medications adherence could add great value to the manuscript and should be provided by the authors in case it is available.

- The outcomes of the patients with low adherence levels and comparison of their outcomes with high adheres could be helpful and should be provided by the authors.

Response to associate editor comments: The comments are the same as Reviewer 2 comment that I answered to them.

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) 14 Mar 2021

Dear AE,
The manuscript entitled ": Medication non-adherence prevalence and determinants in children and adolescents with chronic liver diseases", has been edited and in the current form is considered an acceptable article for publication. A few minor revisions are required.
Thanks.

REFEREE: Associate Editor | **Revision** (1) 15 Mar 2021

Dear EIC,
The corrected article could be accepted.
Thanks.

REFEREE: EIC | **Revision** (1) 17 Mar 2021

Dear Author,
The second round of peer review of your manuscript has been completed, and I am pleased to inform you that your manuscript has now been accepted for publication in our journal.
Thanks.