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://brieflands.com/briefland/knowledgebase/category/tree.html#opr.html

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Peer Review Report for "Surgical Timing in Left Mild-to-Moderate Congenital Diaphragmatic Hernia"

Author(s): Qianli Liu, Chun Hong, Xiaohui Li, Haiping Jiang, Jing Tang

Review Timeline:

Submit Date: 26 Feb 2021
Revised Date: 25 May 2021
Accepted Date: 11 Jun 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) — 30 Mar 2021

Dear AE,
1. Plagiarism detection in the manuscript: No detect
2. Analysis method of the manuscript: The sample size isn't enough. There are many studies with much more cases for the timing of CDH surgery.
Results: There are recent studies similar to this study in the literature. In this respect, this study has no contribution to the literature.
Correct referencing and citations: Correct the reference according to the Vancouver style.
Correct and proper English writing: Minor revision required. Check for the typing mistake.
Thanks

Leily Mohajerzadeh: Reviewer | **Revision** (0) — 28 Apr 2021

Dear AE,
It was interesting manuscript. Thoracoscopic repair is the best way of Congenital diaphragmatic hernia with least complications.
Thanks

REFEREE: Reviewer | **Revision** (0) 4 May 2021

Dear AE,
This manuscript is attractive to readers. and all parts are good and acceptable.
Thanks

REFEREE: Associate Editor | **Revision** (0) 4 May 2021

Dear EIC,
Following the review of your Research Article, I recommend that it should be revised taking into account the changes requested by the reviewer(s).
Thanks

REFEREE: EIC | **Revision** (0) 4 May 2021

Dear Authors,
Thank you for submitting your manuscript to Iran J Pediatr. Your manuscript has now been reviewed by three 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.
Regards

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.

Reviewer 1:
It was interesting manuscript. Thoracoscopic repair is the best way of Congenital diaphragmatic hernia with least complications.
Reply: Yes, other clinical data from our treatment center also suggest that thoracoscopic repair of CDH has fewer complications than open surgery.

Reviewer 2:
1. Plagiarism detection in the manuscript: No detect.
Reply: We did the research according to our own ideas and did not steal other people's data.

2. There are many studies with much more cases for timing of CDH surgery.
Reply: Rozmiarek (et al) recommends surgery when cardiopulmonary function is relatively stable. In four conditions, mild-to-moderate CDH, severe CDH, left CDH and right CDH, there is a significant difference in the earliest time of their arrival of relatively stable cardiopulmonary function, which decides that the optimal surgical timing may be different for these four conditions. There were many previous studies on the timing of CDH surgery with many cases, but they did not conduct separate studies on the optimal timing of operation for the above-mentioned four conditions, which led to confusion about the optimal timing of operation for CDH.

3. Analysis method of the manuscript: Sample size isn't enough.
Reply: The number of cases of congenital diaphragmatic hernia admitted to our treatment center is relatively large, including 83 cases during this study period (August 15, 2017 to May 24, 2017) and subsequent cases, for which the timing of surgery was studied. We consider two main reasons to determine the current sample size of this study: 1) CDH is a sporadic disease with a low incidence (no obvious regional features), and it will take a long time to collect a satisfactory and sufficient number of cases. We tried to study the left-sided mild-to-moderate CDH alone, and the number of cases meeting the inclusion criteria would be smaller, which would require longer time to collect the cases, and which might cause us to be unable to express our views in a timely manner, and might also affect the novelty of this study. 2) The main test method in this study was 1:1 paired t-test. The sample size was determined according to the method introduced by Hajan-Tilaki K [10], and it was found that 1:1 paired of 30 samples was acceptable.

4. Results: There are recent studies similar to this study in the literature. In this respect, this study has no contribution to the literature.
Reply: We have referred to the recent similar studies. Recent similar literature provided by the reviewer has been included in the references of this paper. Please refer to the references section of this paper for details (References [2]).

5. Correct referencing and citations: Correct the reference according to the Vancouver style.
Reply: We quote in the Vancouver style.

6. Correct and proper English writing: Minor revision required. Check for the typing mistake.
Reply: We used Kowsar English Edit Services (NedMedica) to correct grammatical and typographical errors in the original text.

Reviewer 3:
This manuscript is attractive for readers and all parts are good and acceptable.
Reply: We hope that this article has provided some useful references for readers.

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: Associate Editor | **Revision** (1) 11 Jun 2021

Dear EIC,
As the authors improved their manuscript based on the reviewer's recommendations, I think it can be accepted.
Thanks

REFEREE: EIC | **Revision** (1) 11 Jun 2021

Dear Authors,
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