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
- 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 "Biliary Atresia in Northwest Iran: Epidemiologic Features and Long-Term Outcome"

Author(s): Shahnaz Naghashi, Mandana Rafeey, Morteza Ghojazadeh , Zeinab Nikniaz, Saeid Aslanabadi, Maryam Shoaran

Review Timeline:

Submit Date: 6 Jul 2019
Revised Date: 14 Dec 2019
Accepted Date: 10 Jan 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 Sep 2019

Dear AE,
Comments for the authors:
1. Please define precisely the population of each area(eg Tabriz).
2. According to NORD (National Organization for Rare Disorders) prevalence of biliary atresia in Europe is approximately 1 in 12000 births.This number is 1 in 10000-15000 births in the United States. Your analysis is different from the fact of NORD.
3. The scoring system for the diagnosis of biliary atresia is one of the most important ways to diagnose biliary atresia. It will be good if you bring the data of your patients into this scoring system.
4. The English structure of the article must be carefully revised by some colleagues very familiar with native English.
Thanks.

Emna Barkaoui: Reviewer | Revision (0) — 23 Nov 2019

Dear AE,
I would like to thank author for this study.
Just some remarks for authors to ameliorate the quality of this article.
Forme :
- Many errors in langage and writing.
The introduction : to introduce Bilary atresia in the world
- Methodes :
- The study retrospective or prospective ?? this study was retrospective
- The criteria of the diagnosis not cited: biliary atresia, the definition of successful Kasai ; acholic stool
- Surgical treatment : KASAI and not Kasaei
- There is many differential diagnosis with BA and authors did n t tlk about and must eliminate before surgical KPE +++ : Alagille syndrom cystic fibrosis and sclerosing cholangitis. These 3 diagnosis have the same expression than BA even tthe athors talk about 42% of acholic stools
- For the statistic study : exemple the incidence of BA : the definition of the incidence is the number of novel cases per the total number of the population so the authors report the prevalence and not the incidence
- The author didn t fdefine the successfull KPE ? is it the clearing bilirubine ?
Results :
- The authors talk about incidence without introducing the real number of patients cited only
- In results author couldn't talk about commentary: less than an asian country
- Native survival liver NSL ? Survival with native liver and not NSL
- TAS ???
- Author may compare the 2 groups: with or without KPE
- Liver transplantation in 4 cases : the author didn t precise for KPE group or non KPE because the prognosis is different. We think that for KPE because the poor outome
- Thre was a confusion about succefull KPE criteria and cleariring bilirubin 2 different for authors ? Outcome is different . - Author reports the survival cases at 10 years 31% OF successful KPE and on the other hand report that for unclearing bilirubin group the rate was 0.5 %
Discussion
- Poor discussion
- The authors point out the season factor at birth more than other results ?
- If the definition of incidence ws not clear than the resukts and their discussion are n t objective to compare.
- The author didn't give why they didn t use the corticotherapy references ?
Thanks.

REFEREE: Associate Editor | **Revision** (0) 25 Nov 2019

Dear EIC,
The manuscript is studied, and there are some comments which should be addressed by the author. According to the comments, the document needs major revision.
Kind regards,

REFEREE: EIC | **Revision (0)** 25 Nov 2019

Dear Author,

Thank you for submitting your manuscript to Iran J Pediatr. I now have the reports of the Co-Editor and 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.

We would be grateful for any explanation you can provide and look forward to hearing from you by Dec 13, 2019.

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 Dr. Prof. Vahid Ziaee

Thank you very much for reviewing our manuscript. We also greatly appreciate the reviewers for their complimentary comments and suggestions. We have carried out the experiments that the reviewers suggested and revised the manuscript accordingly Please find attached a point-by-point response to reviewer’s concerns. We hope that you find our responses satisfactory and that the manuscript is now acceptable for publication.

Sincerely,

Reviewer 1:
Thank you for your review of our paper We appreciate that the reviewer's comments. The followings are our point-by-point responses:

1. Please define precisely the population of each area(eg Tabriz).

The population of the studied regions has been added to method section and highlighted (page 3, paragraph 3)

2. According to NORD (National Organization for Rare Disorders) prevalence biliary atresia in Europe is approximately 1 in 12000 births.This number is 1 in 10000-15000 births in the United States. Your analysis is different from the fact of NORD.

The reported incidence rate may be vary due to the difference of regions and date of studies. Incidence rate mentioned is in the paper referred to recent paper(reference 4-11)

3. The scoring system for diagnosis of biliary atresia is one of the most important way of diagnosis of biliary atresia. It will be good if you bring the data of your patients into this scoring system.

As mentioned in the paper, this study is a retrospective study. The authors didn't have any role in diagnosis. Thought this is a valuable recommendation that will be used in future studies.

4. The English structure of the article must carefully revised by some colleagues very familiar with native English.

The paper has been reviewed and edited grammatically by the authors and English editor.

Reviewer 2:

Thank you for your review of our paper .We appreciate that the reviewer's comments. The followings are our point-by-point responses:

Forme :

- 1 many errors in langage and writing

The paper has been reviewed and edited grammatically by the authors and English editor.

The introduction : to introduce Bilary atresia in the world.

Added to the introduction and highlighted (page 2, paragraph 2)

- Methodes :

- The study retrospective or prospective ?? this study was retrospective

Corrected due to reviewer comments.

- The criteria of the diagnosis not cited : of biliary atresia,definition of successful Kasai ; acholic stool

As mentioned in the paper, this study is a retrospective study. The authors didn't have any role in diagnosis.

All definition has been added to the paper.(page 4, paragraph 3 and page 5, paragraph 1).

- Surgical treatment : KASAI and not Kasaei

The term has been corrected.

- There is many differential diagnosis with BA and authors did n t tlk about and must eliminate before surgical KPE +++ : Alagille syndrom cystic fibrosis and sclerosing cholangitis. These 3 diagnosis have the same expression than BA even tthe athors talk about 42% of acholic stools

The other causes of neonatal cholestasis were ruled out in our patients and only patients with biliary atresia included.

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- For he statistic study : exemple the incidence of BA : the definition of the incidence is the number of novel cases per the total number of the population so the authors report the prevalence and not the incidence

We have reported Incidence rate. The definition of the incidence corrected.(page 5,paragraph 2)

- The author didn t fdefine the successfull KPE ? is it the clearing bilirubine ?

Definition have been added to the method section.(page 4, paragraph 3)

Results :

-the authors talk about incidence without introducing the real number of patients cited only

Nedded corerectin was made.(page 6 , paragraph 2)

-In results author couldn’t talk about commentary : less then in asian country

Corrected.

-Native survival liver NSL ? Survival with native liver and not NSL

Native liver survival NLS. corrected

- TAS ???: triangular cord sign

Has been added to paper (page 6, paragraph 1)

- Author may compare the 2 groups : with or without KPE

This paper aimed to evaluate the outcome of patients who underwent Kasai surgery. Untreated patient don’t live past 2 years..

- Liver transplantation in 4 cases : the author didn t precise for KPE group or non KPE because the prognosis is different. We think that for KPE because the poor outome

The liver transplantation were done after unsuccessful Kasai. Needed correction was made in the paper.(page 7, paragraph 2)

- Thre was a confusion about succefull KPE criteria and cleariring bilirubin 2 different for authors ?

Patients with clearance of jaundice are considered successful Kasai group.

- Outcome is different . Author report the survival cases at 10 years 31% OF succefull KPE and in the other hand report that for unclearing bilirubin group the rate was 0.5 %

The first 10 years survival rate (31%) referred to survival rate of all patients that underwent sugery. The second rate(0.5%) was survival rate of unsuccessful

surgery group.)Page 7, paragraph 1)

Discussion
- Poor discussion
- The authors point the season factor at birth more than other results ? If the definition of incidence ws not clear than the resukts and their discussion are n t objective to compare.

- The author didn t give why they didn t use the corticotherapy references ?

We has been total revise in the discussion section due to comments of the reviewer.

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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: Reviewer | **Revision** (1) 30 Dec 2019

Dear AE,
I would like to thank the authors for their efforts in corrections.
I highlight the quality of their work and manuscript.
Just I suggest a last review of the writing
And finally I hope that authors will do a multi-centric study.
Thank you and good luck

REFEREE: Associate Editor | **Revision** (1) 10 Jan 2020

Dear EIC,
The authors have modified the manuscript accordingly and have provided specific answers in an accurate manner. I suggest that this version is suitable for publication in the Iran J Pediatr.
Thanks.

REFEREE: EIC | **Revision** (1) 10 Jan 2020

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.