OPEN PEER REVIEW

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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.

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 "Prevalence of Celiac Disease in Children with Type 1 Diabetes Mellitus in the South of Turkey"

Author(s): Yasin Sahin, Meltem Didem Cakir, Mehmet Isakoca, Derya Aydin Sahin

Review Timeline:

Submit Date: 18 Aug 2019
Revised Date: 10 Oct 2019
Accepted Date: 23 Oct 2019

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) — 8 Sep 2019

Dear AE,
This article has no new messages.
Many studies have been done on this subject.
Thanks.

Aria Setoodeh: Reviewer | **Revision** (0) — 29 Sep 2019

Dear AE,
I reviewed the manuscript, it was very informative and interesting. my only recommendation is that: Please include a very short description of MARSH classification.
Thanks

REFEREE: Reviewer | **Revision** (0) — 4 Oct 2019

Dear AE,
1- Topic and methods of study are acceptable, writing is favorable.
2- The normal range of tests (TTG,...) should be mentioned.
Thanks.

Mitra Aldaghi: Reviewer | **Revision** (0) 4 Oct 2019

Dear AE,
With thanks to the author for submitting the manuscript:
The results did not match.
Thanks.

REFEREE: Associate Editor | **Revision** (0) 4 Oct 2019

Dear EIC,
The author must provide some information about the new ESPGHAN guideline in this article:
- If it is available, HLA testing should be offered as the first-line test. The absence of DQ2 and DQ8 render CD highly unlikely and no further follow-up with serological tests is needed. If the patient is DQ8 and/or DQ2 positive, homozygous for only the b chains of the HLA-DQ2 complex (DQB1 0202), or HLA testing is not done, then an anti-TG2 IgA test and total IgA determination should be performed, but preferably not before the child is 2 years old. If antibodies are negative, then repeated testing for CD-specific antibodies is recommended.
- To avoid unnecessary biopsies in individuals with low CD specific antibody levels (ie, < 3 times ULN), it is recommended that the more specific test for EMA be performed. If the EMA test is positive, then the child should be referred for duodenal biopsies. If the EMA test is negative, then repeated serological testing on a normal gluten-containing diet in 3 to 6 monthly intervals is recommended.
- Some children smaller than 4 years old in DM DIAGNOSIS, why these children did not test until many years past?
- Is there any clinical presentation for celiac Inpatient diagnosed with celiac disease?
Thanks.

REFEREE: EIC | **Revision** (0) 5 Oct 2019

Dear Author,
Thank you for submitting your manuscript to Iran J Pediatr. Your manuscript has now been reviewed by 4 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.

Dear Editor,

Thank you very much for your kind response and worthy comments on our manuscript. We tried to make corrections according to your suggestions. All corrections were made and indicated in red text in the manuscript according to your suggestions.

Yours faithfully,

Reviewers' Comments:

Reviewer 1:

Comments 1: topic and methods of study are acceptable, writing is favorable.

Response 1: Thank you very much for your kind response and worthy comments.

Comments 2: the normal range of tests (TTG,...) should be mentioned.

Response 2: Based on your suggestion, The normal range of tests are mentioned in the manusript.

This statement ''The normal range of tTG and EMA is below 20 U/L. The cutt-off value of IgA level is 5 mg/dl.'' Is added to the ''Methods'' parts of the manuscript.

Reviewer 4:

Comments 1:

Dear Author,

I reviewed your manuscript, it was very informative and interesting. my only recommendation is that:please include a very short description of MARSH classification.

Thanks

Response 2: Thank you very much for your kind response and worthy comments. According to your suggestion, Marsh classification is included in the manuscript.

This statement ‘’Marsh stage 0: normal mucosa, Marsh stage 1: increased intraepithelial lymphocytosis (>40 lymphocytes per 100 epithelial cells), Marsh stage 2: increased intraepithelial lymphocytosis with crypt hyperplasia, Marsh stage 3a: : increased intraepithelial lymphocytosis with crypt hyperplasia and partial villous atrophy, Marsh stage 3b: increased intraepithelial lymphocytosis with crypt hyperplasia and subtotal villous atrophy, and Marsh stage 3c: increased intraepithelial lymphocytosis with crypt hyperplasia and total villous atrophy.’’ is added to the ‘’Methods’’ parts of the manuscript.

Associate Editor’s Comments:
Associate Editor 1:

Comments 1: Author must be given some information about the new ESPGHAN guideline in this article:

Response 1: According to your suggestion, the information about the new ESPGHAN guideline is given.
This statement ‘’We used the ESPGHAN guideline of celiac disease ‘’Asymptomatic Child or Adolescent With CD-associated Conditions’’. If HLA testing is available, it should be offered as the first line test. If HLA testing is not done, then an anti-TG2 IgA test and total IgA determination as first line tests should be performed. If antibodies are negative, then repeated testing for CD-specific antibodies is recommended. To avoid unnecessary biopsies in individuals with low-CD specific antibody levels (ie, <3 times ULN), it is recommended that the more specific test for anti-endomysial antibody (EMA) be performed. If the EMA test is positive, then the child should be referred for duodenal biopsies. If the EMA test is negative, then repeated serological testing on a normal gluten-containing in diet 3 to 6 monthly intervals is recommended.’’ is added to the ‘’Methods’’ part of the manuscript.

Also this statement ‘’6 patients had low tTG levels (<3 times ULN), EMA test is analysed in those patients to avoid unnecessary biopsies. All of them had EMA positivity. Thus, gastroduodenoscopy was performed…’’ is added to the ‘’Results’’ part of the manuscript.

Comments 1: Some children smaller than 4 years old in DM DIAGNOSIS, why these children did not test until many years past?

Response 2: Screening tests for celiac disease were performed previously in children smaller than 4 years old in DM diagnosis. The final tests performed were stated in the current study.

Comments 3: Is there any clinical presentation for celiac Inpatient diagnosed as celiac disease,

Response 3: 7 of 12 patients (58.3%) diagnosed with CD are asymptomatic. 3 of them had failure to thrive, one patient had chronic constipation, and one had anemia.
This statement ‘’ 3 of the symptomatic patient had failure to thrive, one patient had chronic constipation, and one had anemia.’’ is added to the ‘’Results’’ part of the manuscript.

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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.

Mandana Rafeey: Associate Editor | **Revision** (1) 22 Oct 2019

Dear EIC,
The article needs some grammar corrections.
Thanks.

REFEREE: EIC | **Revision** (1) 23 Oct 2019

Dear Author,
It is a pleasure to accept your manuscript in its current form for publication in the Iran J Pediatr.
Thanks.