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.

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- Education of both authors and new students
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You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

Iranian Journal of Radiology
Article DOI: 10.5812/iranjradiol.101682
Published in: Iranian Journal of Radiology: 17(4); e101682

Peer Review Report for "Primary Yolk Sac Tumor of the Endometrium with MRI Findings: A Case Report"

Author(s): Dalin Zhu, Fan Feng, Meijuan Peng

Review Timeline:

Submit Date: 10 Feb 2020
Revised Date: 6 Jun 2020
Accepted Date: 13 Jun 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) — 5 Mar 2020

Dear AE,
The authors have presented an interesting rare case. Only the article needs minor revision as follows:
- Please use the complete form of words in the abstract and then use abbreviations.
- In figure legend B & C, the sentences meaning is not clear. Please correct them.
Thanks.

Madjid Shakiba: Reviewer | Revision (0) — 14 Mar 2020

Dear AE,
1- It is better the authors mention abbreviations in full for the first time.
2- Please correct the typographic and grammatical mistakes such as patient, tumors [in the first sentence of abstract that should be tumor], CA199 [CA 19-9], Siemenz Ananto [Siemens Avanto], sequence, CE-MEI, findings, ...
3- The authors mentioned surgical procedure and its method in the paper before any data regarding imaging findings. They should mention imaging workup findings before surgery.
4- Please write lymphatic invasion: (+) as a positive lymphatic invasion. Please apply for other similar situations.
5- What was the list of differential diagnoses after MRI imaging and before surgery? Please

add in the paper. did the authors have the impression of YST before surgery?
6- Were the imaging findings compatible with pathological assessments and the extent of invasion determined after surgery?
7- Did the authors perform a sonography assessment before surgery? Please add the sono findings if it is available.
Thanks.

REFEREE: Associate Editor | **Revision** (0) 27 Mar 2020

Dear EIC,
Thanks for the submission of this interesting case report.
The authors consider the requested changes suggested by the reviewers, before a final decision on the case report.
Thanks.

REFEREE: EIC | **Revision** (0) 28 Mar 2020

Dear Authors,
Your article needs Major Revision.
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.

Responds to the reviewer's comments:

We tried our best to improve the manuscript and made some changes in the manuscript. We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Reviewer #1:

1. Response to comment: (Please use the complete form of words in abstract and then use abbreviations.)

Response: We are very sorry for our negligence of these mistakes, We have made correction according to the reviewer's comments in our paper. Such as Primary yolk sac tumor (YST), magnetic resonance imaging (MRI), contrast-enhanced MRI(CE-MRI) ,International Federation of Gynecology and Obstetrics (FIGO), Diffusion-weighted imaging (DWI), apparent diffusion coefficient (ADC), alpha-fetoprotein (AFP)et al.

2. Response to comment: (In fig legend B&C , the sentences meaning is not clear)

Response: It is really true as Reviewer suggested that we have re-written this part according to the Reviewer's suggestion. (Page 5, 1st para).

Reviewer #2:

1. Response to comment: (it is better the authors mention abbreviations in full for the first time.)

Response: We are very sorry for our negligence of these mistakes, We have made correction according to the reviewer's comments. Such as Primary yolk sac tumor (YST), magnetic resonance imaging (MRI), contrast-enhanced MRI(CE-MRI)

,International Federation of Gynecology and Obstetrics (FIGO), Diffusion-weighted imaging (DWI), apparent diffusion coefficient (ADC), alpha-fetoprotein (AFP)et al.

2. Response to comment: (please correct the typographic and grammatical mistakes such as pjatient, tumors [in the first sentence of abstract that should be tumor], CA199 [CA 19-9], Siemenz Ananto [Siemens Avanto], sequrence, CE-MEI, fingdings, …..)

Response: We are very sorry for our incorrect writing, We have made correction according to the reviewer's comments in our paper. such as pjatient[patient], tumors [tumor], CA199 [CA 19-9], Siemenz Ananto [Siemens Avanto], sequrence[sequence], CE-MEI[CE-MRI], fingdings[findings],et,al

3. Response to comment: (the authors mentioned surgical procedure and its method in paper before any data ragrding imaging findings. They should mention imaging work up findings before surgery.)

Response: We are very sorry for our negligence of these mistakes, we have made imaging findings before surgery according to the reviewer's comments in our paper. ((Page 2, 2nd para and 3rd para).

4. Response to comment: (please write lymphatic invasion: (+) as positive lymphatic invasion. Please apply for other similar situations.)

Response: We are very sorry for our incorrect writing way, we have made correction according to the reviewer's comments. (Page 2, 3rd para)Such as positive lymphatic invasion, positive vascular invasion, negative nerve invasion,positive bilateral uterine and its cutting edge invasion.

5. Response to comment: (what was the list of differential diagnoses after MRI imaging and before surgery? Please add in paper. did the authors have impression of YST before surgery?)

Response: We have add this part according to the Reviewer's suggestion (Page 3, 3rd para), we have made differential diagnoses after MRI imaging and before surgery, we added differential diagnoses for primary YST of the endometrium include endometrial cancer and uterine sarcoma and analysis according to the reviewer's comments in our paper.

6. Response to comment: (were the imaging findings compatible with pathological assessments and extent of invasion determined after surgery?)

Response: We are very sorry for our negligence of these mistakes, MRI and CE-MRI imaging findings showed bilateral uterine,bladder invasion, vaginal wall invasion,negative bilateral ovary and negative bilateral fallopian tubes is compatible with pathological assessments and extent of invasion determined after surgery and analysis according to the reviewer's comments in our paper. (Page 3, 4th para)

7. Response to comment: (did the authors perform sonography assessment before surgery? Please add the sono findings if it is available.)

Response: We are very sorry that we don't perform sonography assessment before surgery,so we haven't the sono findings.

Once again, thank you very much for your comments and suggestions.

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.

Madjid Shakiba: Reviewer | **Revision** (1) 12 Apr 2020

Dear AE,
The study is reviewed carefully. According to comments and revisions by the author, this manuscript is accepted.
Thanks

REFEREE: Reviewer | **Revision** (1) 12 Apr 2020

Dear AE,
The author corrected all concerns and now the article can be accepted.
Thanks.

REFEREE: Associate Editor | **Revision** (1) 12 Apr 2020

Dear EIC,
The manuscript has been properly revised and could be accepted for publication.
Thanks.

REFEREE: Associate Editor | **Revision** (1) 23 May 2020

Dear EIC,
The authors should respond to all comments one by one. Then, highlight any changes you make in the manuscript.
1- In the case presentation, “Diffusion weighted imaging (DWI) indicated that the lesion was diffusion restricted (Figure.1.C), and the average apparent diffusion coefficient ADC value of the solid component was 0.735x10-3mm2/s, partially broke through the serosa layer, invaded the right side wall of the vagina and the paravaginal space, and the right ureteral ventral was expanded.
What do you mean by, “the right ureteral ventral was expanded”?
Please clarify.
2- In the case presentation, “Postoperative pathological results showed: 1. Tumor in the right side of the uterus, positive lymphatic invasion, positive vascular invasion, negative nerve invasion, positive bilateral uterine and its cutting edge invasion. vaginal wall cutting edge: intravascular display of tumor thrombus.”
What do you mean by, “vaginal wall cutting edge: intravascular display of tumor thrombus”?

Please rewrite.

3- In the discussion, “In this case, CE-MRI showed that the solid component of the mass appears as progressive reinforcement, and strengthened close to the myometrium in the delayed phase.”

What do you mean by, “progressive reinforcement, and strengthened close to the myometrium”? Please rewrite. It does not make sense.

4- In the discussion, “In this case, MRI and CE-MRI imaging findings showed bilateral uterine, bladder and vaginal wall invasion, negative bilateral ovary and negative bilateral fallopian tubes that were compatible with pathological assessments and extent of invasion determined after surgery.”

What do you mean by, “and negative bilateral ovary and negative bilateral fallopian tubes”? Do you mean, “and negative bilateral ovary and fallopian tubes involvement”?

5- In the discussion, you have mentioned Fujita as reference 12 that has reported 41 cases. You have also mentioned reference 11, but you have not mentioned anything about this reference. Please make sure your referencing is correct and add what you intend to say about reference number 11.

6-In figure legend 1, you have mentioned, “F, Delayed (3 minutes) contrast-enhanced axial T1WI shows the solid component of tumor delayed phase strengthened close to the myometrium, multiple irregular unreinforced areas visible in the mass.” What do you mean by, “delayed phase strengthened”? Please rewrite so it is understandable.

Thank you.

REFEREE: EIC | **Revision (1)** 23 May 2020

Dear Authors,

Your article needs Minor Revision.

Regards

OPEN PEER REVIEW

Revision (2)

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.

Responds to the reviewer's comments:

Dear Editors and Reviewers:

We tried our best to improve the manuscript and made some changes in the manuscript. We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval. Revised portion are marked in red in the paper.

Associate Editor 1:

Dear EIC,

The manuscript has been properly revised and could be accepted for publication.

Associate Editor 2:

1. Response to comment: (1-In the case presentation, "Diffusion weighted imaging (DWI) indicated that the lesion was diffusion restricted (Figure.1.C), and the average apparent diffusion coefficient ADC value of the solid component was 0.735x10-3mm2/s, partially broke through the serosa layer, invaded the right side wall of the vagina and the paravaginal space, and the right ureteral ventral was expanded. What do you mean by, "the right ureteral ventral was expanded"? Please clarify.)

Response: We are very sorry for our negligence ofthese mistakes,We have made correction according to the reviewer's comments in our paper. We mean "the right ureteral is dialeted".

2. Response to comment: (2-In the case presentation, "Postoperative pathological results showed: 1. Tumor in the right side of the uterus, positive lymphatic invasion, positive vascular invasion, negative nerve invasion, positive

bilateral uterine and its cutting edge invasion. vaginal wall cutting edge: intravascular display of tumor thrombus.”
What do you mean by, “vaginal wall cutting edge: intravascular display of tumor thrombus”?
Please rewrite.)

Response: It is really true as Reviewer suggested thatwe have re-written this part according to the Reviewer’s suggestion. We mean “positive vascular invasion of vaginal wall” .

3. Response to comment: (3-In the discussion, “In this case, CE-MRI showed that the solid component of the mass appears as progressive reinforcement, and strengthened close to the myometrium in the delayed phase.”
What do you mean by, “progressive reinforcement, and strengthened close to the myometrium”?
Please rewrite. It does not make sense.)

Response: We are very sorry for our negligence ofthese mistakes, We have made correction according to the reviewer’s comments. We mean “continued enhanced ，the degree of enhace is close to that of the myometrium in the delayed phase”.

4. Response to comment: (4-In the discussion, “In this case, MRI and CE-MRI imaging findings showed bilateral uterine, bladder and vaginal wall invasion, negative bilateral ovary and negative bilateral fallopian tubes that were compatible with pathological assessments and extent of invasion determined after surgery.”
What do you mean by, “and negative bilateral ovary and negative bilateral fallopian

tubes”? Do you mean, “and negative bilateral ovary and fallopian tubes involvement”?)

Response: We are very sorry for our incorrect writing,We mean “ negative bilateral ovary and fallopian tubes involvement” .

5. Response to comment: (5-In the discussion, you have mentioned Fujita as reference 12 that has reported 41 cases. You have also mentioned reference 11, but you have not mentioned anything about this reference. Please make sure your referencing is correct and add what you intend to say about reference number 11.)

Response: We are very sorry for our negligence ofthese mistakes, we have made the right reference number according to the reviewer’s comments in our paper.((Page 3, 5th para).

6. Response to comment: (6-In figure legend 1, you have mentioned, “F, Delayed (3 minutes) contrast-enhanced axial T1WI shows the solid component of tumor delayed phase strengthened close to the myometrium, multiple irregular unreinforced areas visible in the mass.”
What do you mean by, “delayed phase strengthened”? Please rewrite so it is understandable.)

Response: We are very sorry for our incorrect writing way, we have made correction according to the reviewer’s comments. We mean “F, Delayed (3 minutes) contrast-enhanced axial T1WI shows the solid component of tumor enhanced close to the myometrium, multiple irregular unreinforced areas visible in the mass.”

Once again, thank you very much for your comments and suggestions.

OPEN PEER REVIEW

Revision (2)

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** (2) 12 Jun 2020

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.

REFEREE: EIC | **Revision** (2) 13 Jun 2020

Dear Authors,
Your article is acceptable for the publication in IJR.
Regards