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 "Perianal Metastasis of Small Cell Lung Carcinoma: A Case Report"

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Review Timeline:

Submit Date: 8 Nov 2020
Revised Date: 2 Dec 2020
Accepted Date: 15 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)

20 Nov 2020

Dear AE,
I would like to thank the authors very much for submitting the manuscript for consideration in the Iranian journal of radiology and wish you every success. Your manuscript is about a rare case of SCLC metastasis report. Unfortunately, patient management had several errors. which should be addressed by the authors

1. Why the surgeon did not do rectosigmoidoscopy after polyp palpation in the physical exam?
2. What did an orthopedic surgeon do for the patient??
3. Although central tumor necrosis has the same features as your description in the manuscript, abscess formation can also have the same features and you need DWI/ADC and contrast study to differentiate them better (important DDx).
4. You did not precisely explain tumor extension, in fig 1 we can see suspicious internal sphincter involvement.
5. Your first CT scan indication is really unknown!
6. Please also explain your radiotherapy indication and dose (curable or palliative).
7. Please mentioned tumor and lymph node size before after radiation therapy to better evaluate the response to treatment. You can use RECIST criteria for a better description.

This manuscript with some major revision could be acceptable.

Thanks.

Faeze Salahshour: Reviewer | **Revision (0)** 20 Nov 2020

Dear AE,
Thanks for submitting this work to the Iranian Journal of Radiology. There are several issues as following:
- There are several grammatical errors, and the manuscript needs polishing.
- Based on the imaging, the lesion is adjacent to the anal canal in the right ischiorectal fossa, perineum, not the peri-rectal. Use perineal, perianal, or ischiorectal for the anatomical site of the lesion.
- The authors should replace the rectum and anus with perianal in the keywords.
Thanks.

Faeze Salahshour: Associate Editor | **Revision (0)** 20 Nov 2020

Dear EIC,
Thanks very much for submitting the manuscript for consideration in the Iranian journal of radiology. Based on reviewers, this work needs major revision.
Thanks.

REFEREE: EIC | **Revision (0)** 21 Nov 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.

Dear Editor and Reviewers,

We greatly appreciate the detailed and valuable comments of the reviewers and editor regarding our manuscript titled “Perianal Metastasis of Small Cell Lung Carcinoma: A Case Report.” We have carefully revised our manuscript according to the reviewer’s comments, highlighted the changes, and provided point-by-point responses to each comment. We hope that the reviewers and the editor will be satisfied with our responses to the comments and the revisions made to the original manuscript.

We deeply appreciate your consideration and the rapid reply for publication in the Iranian Journal of Radiology.

Specific responses to the Reviewer's comments

Reviewer 1:

Based on the imaging, the lesion is adjacent to the anal canal in the right ischiorectal fossa, perineum, not the peri-rectal. Use perineal, perianal, or ischiorectal for the anatomical site of the lesion.

Please replace the rectum and anus with perianal in the keywords.

- > Based on your advice, we have made corrections in the title, keywords, text, and figure legends.

Reviewer 2:

1. Why the surgeon did not do rectosigmoidoscopy after polyp palpation in physical exam?

- > The general surgeon thought that the tiny polyp had no clinical relevance to the patient's chief complaints. Therefore, he initially did not consider rectosigmoidoscopy. Instead, to rule out ischial bone metastasis, he prescribed a whole-body bone scan and referred the patient to the orthopedic surgeon. The whole-body bone scan showed no bony metastasis. We have included the presence of a tiny anal polyp in the case presentation.

2. What did orthopedic surgeon do for the patient??

- > The orthopedic surgeon contributed by prescribing pelvic MRI examination, and aiding in rapid lesion detection and diagnosis.

3. Although central tumour necrosis has same features with your description in the manuscript, abscess formation can also have same features and you need DWI/ADC and contrast study to differentiate them better (important DDx).

- > The possibility of perianal abscess was considered to be low for the following reasons. First, the clinical features of the patient were incompatible with those of a patient with an abscess. Second, although the lesion showed a central necrotic portion, signal intensity changes in T2 weighted images were not as prominent as abscesses would present. Third, the perilesional soft tissue changes on MR imaging were incoherent with what abscesses would present.

As you mentioned, DWI/ADC MR sequences and contrast studies may be helpful in the differential diagnosis of soft tissue tumors (benign or malignant) and abscesses. However, in our situation, further studies were not done for all patients due to the cost and time restraints. We hope that future studies should include DWI/ADC in their image evaluations.

4. You did not precisely explain tumor extension, in fig 1 we can see suspicious internal sphincter involvement.

- > Based on your advice, we reviewed the figures thoroughly and made corrections in the text and figure legends.

5. Your first CT scan indication is really unknown!

- > The first CT scan was performed for palliative radiation therapy planning. We have made corrections in the text accordingly.

6. Please also explain your radiotherapy indication and dose (curable or palliative).

- > The patient underwent palliative radiotherapy in the perianal area with a daily dose of 250 cGy for 1 month, with a total dose of 5500 cGy. We have made corrections in the text accordingly.

7. Please mentioned tumor and lymph nodes size before after radiation therapy to better evaluation the response to treatment. You can use RECIST criteria for better description.

- > The tumor size decreased significantly after the radiation therapy from 5.2 x 7.3 x 5.6 cm to 2.8 x 2.7 x 1.9 cm. The size of the metastatic lymph node increased after the radiation therapy from 1.2 x 1.8 x 1.3 cm to 4 x 6.3 x 4.2 cm. We have made corrections and described the response based on the RECIST 1.1 criteria in the text accordingly.

Again, we appreciate your valuable comments.

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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) — 6 Dec 2020

Dear AE,
I would like to thank the authors very much for submitting the manuscript for consideration in the Iranian journal of radiology and wish them every success. This manuscript has been accepted.
Thanks.

REFEREE: Reviewer | **Revision** (1) — 19 Jan 2021

Dear AE,
Thanks for considering the Iranian journal of radiology. The requested changes were made, and the manuscript could be accepted.
Thanks.

REFEREE: Associate Editor | **Revision** (1) — 19 Jan 2021

Dear EIC,
Thanks for considering the Iranian journal of radiology. The requested changes were made, and the manuscript could be accepted.
Thanks.

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

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

REFEREE: EIC | **Revision** (1) — 15 Mar 2021

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