OPEN PEER REVIEW

Revision (0)

## 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 Firouznia

Editor in Chief

Iran J Radiol

Many thanks for your attention in reviewing our article and valuable comments leaved by reviewers. I have responded the questions here and corrected the paper based on the questions:

Please do not hesitate to inform us if there is any problem to be corrected.

Best Regards

H Ghanaati

Professor of radiology

Advanced Diagnostic and Interventional Radiology Research Center

Tehran University of Medical sciences

REVIEWER No. 1 <<<

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Hello coworkers

1-In 2 patients that fracture occured, do these patients need to surgery?

Response: No, both were managed by nonsurgical methods.

2-How many patients have fracture in other similar studies?

Response: Fracture has been mentioned as case reports in similar studies; thus this even is rare.

[Dierselhuis EF, Jutte PC, van der Eerden PJM, Suurmeijer AJH, Bulstra SK. Hip fracture after radiofrequency ablation therapy for bone tumors: two case reports. Skeletal Radiol. 2010; 39(11): 1139–1143].

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>>> REVIEWER No. 2 <<<

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Dear editorial

According to manuscript, entitled: Management of osteoid osteoma using radio-frequency ablation versus laser ablation, Manuscript ID: 48559

General comments:

In this case series you records of 60 OO patients retrospectively reviewed.

2 groups ,40 person performed RFA procedures and ILP was done in 20 patients. All patients followed up clinically in Results: the primary and clinical effectiveness were 90.00% and 92.50%, respectively. Techniqual

success rate in ILP was 100% and initial clinical success rate was 85.00%

General comments:

this is not a new procedure but it is a relatively novel manuscript

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>>> REVIEWER No. 3 <<<

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Dear editorial

According to manuscript, entitled: Management of osteoid osteoma using radiofrequency ablation versus laser ablation

a review of consecutive cases

Manuscript ID: 48559

General comments:

In this case study , the author Report 60 OO patients retrospectively reviewed .patients divided to 2 groups ,40 person performed RFA procedures and ILP was done in 20 patients and All patients followed up clinically in Results : In patients who underwent RFA, pain relief was documented within 1 -7 days and 1-3 months in 35 and 5 patients. the primary and secondary clinical effectiveness were 90.00% and 92.50%, respectively. Technical success rate in ILP was 100% and initial clinical success rate was 85.00%

Not too many reports regarding this issue are noted in literatures and although this is not a new procedure but it is a relatively novel manuscript

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>>> REVIEWER No. 4 <<<

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Dear Editor

The article is based on a historical cohort which was performed only on medical records. As you know, these kinds of studies are highly pretended to selection bias, information bias and confounder. Unfortunately no explanations were given in the article about the patients sources, indications of choosing the treatment methods, accuracy of clinical follow up and data collection and confounders. You can see that even data analysis not performed. If the study subject is novel you can consider the article as a letter at its best. Otherwise, It should be rejected.

Response: we have responded and corrected the paper based on the points made by reviewer. Thank you for your valuable comments.

-Patient source: The patients were referred by orthopedic surgeons from hospital clinic. This point has been mentioned in the method section of the paper.

-Indications of choosing the treatment methods: This was performed based on the expert opinion of the interventional radiologist.

-Accuracy of clinical follow up and data collection and confounders: Clinical follow up was planned to do by visiting the patients in follow up clinics [The patients were visited by attending radiologist or his fellowships] that has been ordered for all patients for complete monitoring and assessment of patients. Unfortunately, some of the patients did not refer for follow up visit [in spite of tight advises to do this visit to all patients]. In these patients, we asked related questions of the clinical situation from the patients on the phone call. The follow up data is relatively accurate in this regard. Unfortunately, we did not gather the data of confounders.

Best Regards

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

Iranian Journal of Radiology
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Published in: Iranian Journal of Radiology: 17(1); e67216

# Peer Review Report for "Management of Osteoid Osteoma Using Radiofrequency Ablation"

**Author(s):** Hossein Ghanaati, Kavous Firouznia, Mehdi Rezaei, Madjid Shakiba, Nafiseh Ghavami

## Review Timeline:

Submit Date: 7 Feb 2018
Revised Date: 16 Nov 2020
Accepted Date: 25 Nov 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) 15 Mar 2018

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

**REFEREE**: Reviewer | **Revision** (0) 16 Mar 2018

Dear AE,
This is a retrospective study to compare the safety and efficacy of ILP and RFA in patients with osteoid osteoma .
Comments for the authors:
- At first in comparison of two procedures only price and needle gage were mentioned. This is not complete and all advantages and disadvantages should be discussed.
- The time of recovery and going to work and normal physical exam after procedures are very important in this study for two different methods of PTA. What is your result in this study?
-In complications after procedures only fracture was noted but all complications rate such

as infection, hematoma, nerve injury, pares thesis, soft tissue swelling, and edema should be added.
- Site of fractures and other major complications should be present. In which bones it happened.
- After procedures one week follow up with direct physical exam was necessary to evaluate safety and efficacy please explain how you can evaluate these important data without visit some patients.?
I think patients without complete data and direct visits after procedures should be deleted from the study.
- About pain what is quantitative methods to evaluate patients symptoms after each procedures.?
- English writing of manuscript is not confluent and perfect writing is needed for example in line 139 and 141 stress fracture in DDx of OO was repeated twice.
- In Line 36 diagnosis methods of OO , WBBS and MRI were not mentioned.
Thanks.

**REFEREE**: Reviewer | **Revision** (0) 17 Mar 2018

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

**REFEREE**: Reviewer | **Revision** (0) 18 Mar 2018

Dear AE,
Comments for the authors:
- The good and scientific review
- Was there any difference in complications?
- What about the time of procedures?
- Did you do biopsy before the procedure?
Thanks.

**REFEREE**: Associate Editor | **Revision** (0) 16 Apr 2018

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) 17 Apr 2018

Dear Author,
The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.
Thanks.

OPEN PEER REVIEW

Revision (1)

## Reply to Reviewers

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You can read the authors' responses to the reviewers' comments in the next page.

**First reviewer**

This is a retrospective study to compare safety and efficacy of ILP and RFA in patients with osteoid osteoma .

I-At first in comparison of two procedures only price and needle gage were mentioned. This is not complete and all advantages and disadvantages should be discussed.

Response: some points about comparison between two methods have been mentioned in paper. in :addition, we have added these parts to the discussion

“Comparison of two methods have shown similar results in previous studies. For example, Gebauer et al in a clinical study on thermal ablation of OO using laser interstitial thermal therapy on 12 patients and RFA in 8 patients showed pain relief in all patients after the first ablation. Recurrence occurred in 3 patients after 3, 9, and 10 months that were successfully re-treated. They did not report any major complication. they concluded that thermal ablation is a safe method for OO. In addition, they concluded there is no difference in clinical outcome between two methods (20).

It has been mentioned that the RFA and open surgery have similar treatment outcomes; however, RFA is preferred as it has shorter hospital stay and recovery period [21]. Some studies have reported a clinical efficacy of 100% for RFA [21]. On advantage of RFA under the guidance of CT is rapid frame rate and highly resolved visualization of bony structures. These characteristics allow the interventionist to perform procedure in a real-time manner [21].

Comparing the cost of two methods, as we mentioned, laser ablation device is more expensive but, performing each procedure by RFA needs a more expensive probe compared to laser ablation. Average total costs per patient is higher in RFA rather than laser ablation (About 20% increase in RFA rather than laser) [22]. Needle navigation could be performed by ultrasongraphy, CT, fluoroscopy and MRI. As the OO is not so detectable in ultrasonography, it is not the method of choice in this regard. CT fluroscopy guidance is better due to its real time control possibility [21].”

II-The time of recovery and going to work and normal physical exam after procedures is very important in this study for two different methods of PTA. What is your result in this study?

Response: There is unfortunately no data on time of recovery and going to work. The physical exam was normal in all subjects in patients that were followed up after procedure. This point was added to manuscript in result section.

III-In complications after procedures only fracture was noted but all complications rate such as infection, hematoma, nerve injury, pares thesis, soft tissue swelling and edema should be added.

Response: There were no other complications such as: infection, hematoma, nerve injury, paresthesis, soft tissue swelling and edema. This has been added to result section of paper.

IV-site of fractures and other major complications should be present. In which bones it happened.

Response: As it was mentioned in the paper, these two fractures happened in right iliac and left humorous bones. There are no other major complications and we mentioned this point in the paper.

V-After procedures one week follow up with direct physical exam was necessary to evaluate safety and efficacy. please explain how you can evaluate these important data without visit some patients? I think patients without complete data and direct visit after procedures should be deleted from study.

Response: we asked the patients on this item.

VI-About pain what is quantitative methods to evaluate patients' symptoms after each procedures?

Response: We asked them to response about their pain. We assessed this qualitatively.

VII-English writing of manuscript is not confluent and perfect writing is needed for example in line 139 and 141 stress fracture in DDx of OO was repeated twice.

Response: It has been corrected in the paper.

VIII-In line 36 for diagnosis methods of OO, WBBS and MRI were not mentioned.

Response: this point has been corrected in paper.

**Second reviewer**

good and scientific review.

I-was there any difference in complications?

Response: As we mentioned, there were only two cases of fractures in the patients and there were no other major complication among the patients. The data have been mentioned in the paper.

II-what about the time of procedures? did you do biopsy before the procedure?

Response: Unfortunately, we don't have the data on this item.

**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**: Reviewer | **Revision** (1) — 8 May 2019

Dear AE,
Please the authors add all limitations of the study in the limitations part of manuscript.
The main limitation is retrospective study with some incomplete data such as time of each procedures , patient post op. data ,and long term follow up.
Thanks.

**REFEREE**: Reviewer | **Revision** (1) — 19 May 2019

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

**REFEREE**: Associate Editor | **Revision** (1) — 20 May 2019

Dear EIC,
According to Manuscript Title: Management of osteoid osteoma using radiofrequency ablation versus laser ablation: A clinical comparison
The reviewers accepted the manuscript with minor revisions:
The authors should add all limitations of their study in the limitations part of the manuscript.
The main limitation is a retrospective study with some incomplete data such as the time of each procedure, and patient post-op. data and long-term follow-up.
Thanks.

**REFEREE**: EIC | **Revision** (1) — 20 May 2019

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs minor revision. Please follow their comments as requested.
Thanks.

OPEN PEER REVIEW

Revision (2)

## Reply to Reviewers

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You can read the authors' responses to the reviewers' comments in the next page.

Reviewer

please add all limitations of your study in limitations part of manuscript.
The main limitation is retrospective study with some incomplete data such as time of each procedures , patient post op. data ,and long term follow up.

response

There are some limitations in this study. Main limitation is retrospective design of study and data collection that could make some data completeness issues [for example, in exact procedure and post-procedure events data and their times] and long-term follow up data collection. In addition, small sample size and lack of a surgical comparison cohort prevent us from making definitive remark on the efficacy of procedures.

**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**: Reviewer | **Revision** (2) — 26 Aug 2019

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

**REFEREE**: Associate Editor | **Revision** (2) — 28 Aug 2019

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

**Mehranoosh Dolatshahi**: Associate Editor | **Revision** (2) — 7 Oct 2019

Dear EIC
The reviewer(s) have recommended publication, but also suggest some minor revisions to the manuscript. Therefore, I invite the author to respond to the reviewer(s)' comments and revise his manuscript.
Kind regards,

**REFEREE**: EIC | **Revision** (2) — 8 Oct 2019

Dear authors,
According to the language editor the article needs Minor Revision.
Regards

OPEN PEER REVIEW

Revision (3)

## Reply to Reviewers

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You can read the authors' responses to the reviewers' comments in the next page.

**Public Comments:**

Prof. Kavous Firouznia,

We sincerely thank the reviewer for comments and suggestion.

Please, find below our response point-by point for each comment.

In the Abstract, background, “There are different options consisting of medical therapy.” Is not -1
.clear. Please revise and clarify

.Response: There are different treatment options consisting of medical therapy

.In Data analysis, please add the manufacturer’s characteristics for SPSS-2

Response: SPSS ver. 16 (SPSS Inc., Chicago, Illinois) statistical software was used for data
.analysis

In the discussion, “Fracture was the only major complication occurred in 2 patients in the other -3
studies, the fracture has been reported as case report; in fact it is rare in other series.” This sentence
.is not clear. Please rewrite and clarify

Respons: As we mentioned, our major complication was fracture that occurred in 2 patients. In the
.other studies, the fracture has been reported as case report; in fact, it is rare in other series

There are limitations in this study. With regard to clinical outcome, the small sample size, “-4
retrospective nature of our data collection and lack of surgical comparison cohort prevent us from
.making definitive statements on the efficacy of RFA for the treatment of osteoid osteoma
There are some limitations in this study. Main limitation is retrospective design of study and data collection that could make some data completeness issues [for example, in exact procedure and post-procedure events data and their times] and long-term follow up data collection. In addition, small sample size and lack of a surgical comparison cohort prevent us from making definitive remark on
”.the efficacy of procedures
.Parts have been repeated. Please rewrite this part in understandable words and sentences

Response: There are limitations in this study. The major one is retrospective nature of our study and data collection that could make some data completeness issues [for example, in exact procedure and post-procedure events data and their times] and long-term follow up data collection. In addition, lack of a surgical comparison cohort prevent us from making definitive remark on the efficacy of
.procedure in treatment of disease. In addition, the small sample size is another limitation

Please add Footnote consisting of Authors Contributions, Financial Disclosure, Funding/support, -5
.and Conflict of interest statements

Response: was done

.Thank you

**OPEN PEER REVIEW**

**Revision (3)**

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

**Mehranoosh Dolatshahi**: Associate Editor | **Revision** (3) 24 Nov 2019

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

**Kavous Firouznia**: EIC | **Revision** (3) 25 Nov 2019

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