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

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Peer Review Report for "An Alternative Loop Snare Technique with Many Loops Using a Simple Guide-Wire for Removal of a Double J Stent: A Case Series"

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Review Timeline:

Submit Date:	4 Dec 2019
Revised Date:	24 Mar 2020
Accepted Date:	15 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)

10 Dec 2019

Dear AE,
Since this manuscript is a case series report; therefore, its scientific writing structure must be according to CARE checklist for these types of studies as follows:
2013 CARE Checklist
- Title – The diagnosis or intervention of primary focus followed by the words “case report”.
- Key Words – 2 to 5 key words that identify diagnoses or interventions in this case report (including "case report").
- Abstract – (structured or unstructured)
- Introduction – What is unique about this case and what does it add to the scientific literature?
- The patient’s main concerns and important clinical findings.
- The primary diagnoses, interventions, and outcomes.
- Conclusion – What are one or more “take-away” lessons from this case report?
- Introduction – Briefly summarizes why this case is unique and may include medical literature references.
Patient Information

- De-identified patient-specific information.
- Primary concerns and symptoms of the patient.
- Medical, family, and psychosocial history including relevant genetic information.
- Relevant past interventions and their outcomes.
- Clinical Findings – Describe significant physical examination (PE) and important clinical findings.
- Timeline – Historical and current information from this episode of care organized as a timeline (figure or table).

Diagnostic Assessment
- Diagnostic methods (PE, laboratory testing, imaging, surveys).
- Diagnostic challenges.
- Diagnosis (including other diagnoses considered).
- Prognostic characteristics when applicable.

Therapeutic Intervention
- Types of therapeutic intervention (pharmacologic, surgical, preventive).
- Administration of therapeutic intervention (dosage, strength, duration).
- Changes in therapeutic interventions with explanations.

Follow-up and Outcomes
- Clinician- and patient-assessed outcomes if available.
- Important follow-up diagnostic and other test results.
- Intervention adherence and tolerability. (How was this assessed?)
- Adverse and unanticipated events.

Discussion
- Strengths and limitations in your approach to this case.
- Discussion of the relevant medical literature.
- The rationale for your conclusions.
- The primary “take-away” lessons from this case report (without references) in a one paragraph conclusion.
- Patient Perspective – The patient should share their perspective on the treatment(s) they received.
- Informed Consent – The patient should give informed consent. (Provide if requested.)

Thanks.

Hossein Ghanaati: Reviewer | **Revision** (0) 18 Dec 2019

Dear AE,

The paper has an emphasis on economic aspect of the paper (alternative and inexpensive).
- It is better to put some schematic picture for better understanding of readers.
- Number of cases are low and if it possible include more patients.

Thanks.

REFEREE: Reviewer | **Revision** (0) 7 Feb 2020

Dear AE,

The retrieval technique is quite helpful and it can also be done using a 0.035 guidewire.
Please elaborate more on how to insert the wire through the urethra.
Addition of a short movie could be helpful if it is feasible for the journal website.

This brief report could be interesting to IJR readers.
Thanks.

Arash Khameneh Bagheri: Reviewer | **Revision** (0) 17 Feb 2020

Dear AE,
Thanks for submitting the manuscript to IJR for consideration. I considered this manuscript have not been able to afford it a high enough scientific priority rating for publication . A number of considerations, were weighed in reaching this decision.
I wish to express my appreciation to the authors for allowing this journal the opportunity of considering your work. I hope that we will have the opportunity to see the results of their effort in the future.
Yours sincerely,

REFEREE: Associate Editor | **Revision** (0) 24 Feb 2020

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** (0) 24 Feb 2020

Dear authors,
According to the reviewers 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.

Reviewer 1:
Hi
Since this manuscript is a case series report; therefore, its scientific writing structure must be according to CARE checklist for these types of studies as follows:

2013 CARE Checklist
1. Title – The diagnosis or intervention of primary focus followed by the words “case report”.

- ➔ We changed the title “An alternative loop snare technique with many loops using a simple guide-wire for removal of a double j stent : case series”

2. Key Words – 2 to 5 key words that identify diagnoses or interventions in this case report (including "case report").

- ➔ We added key word “case report”

3. Abstract – (structured or unstructured)

Introduction – What is unique about this case and what does it add to the scientific literature?

- ➔ Unique about this case is “alternative loop snare technique using a guide-wire”.

The patient’s main concerns and important clinical findings.

- ➔ The concern is “if the lumen is collapsed, is very wide, or if the tip of the DJ stent is lodged in the bladder wall, the procedure becomes difficult.”

The primary diagnoses, interventions, and outcomes.

- ➔ We retrospectively reviewed four patients who had undergone retrieval or replacement of their DJ stents by interventional radiologists with an alternative loop snare technique using a guide-wire after conventional attempts using snare catheter had failed.
- ➔ Five DJ stents were completely removed without any complications.

Conclusion – What are one or more “take-away” lessons from this case report?

- ➔ The lesson is “the loop snare technique using a guide-wire can be an alternative and inexpensive approach for difficult DJ stent removal.”

4. Introduction – Briefly summarizes why this case is unique and may include medical literature references.

- ➔ The background on which we attempted the alternative loop snare technique was described and related literature was attached in introduction section.

5. Patient Information

De-identified patient specific information.

- ➔ We de-identified specific information of all patients.

Primary concerns and symptoms of the patient.

➔ Primary concern was difficult DJ stent removal

Medical, family, and psychosocial history including relevant genetic information.

➔ We added table 1. “Summary of patient demographics”

Relevant past interventions and their outcomes.

➔ This study included 4 patients who undergone retrieval or replacement of their DJ stents with an alternative loop snare technique using a guide-wire after conventional attempts using a snare catheter had failed.

6. Clinical Findings – Describe significant physical examination (PE) and important clinical findings.

➔ Important clinical finding in this case report is the failure of DJ stent removal using conventional snare catheter. This is described in the techniques section.

7. Timeline – Historical and current information from this episode of care organized as a timeline (figure or table).

➔ Steps of the technique are demonstrated using a flask and a straw (Fig. 1) to represent the lumen and the sheath. But, we will change the figure to schematic picture which the reviewer 2 requireed.d

8. Diagnostic Assessment

Diagnostic methods (PE, laboratory testing, imaging, surveys).

➔ We described the procedure in the technique section.

Diagnostic challenges.

➔ These case don’t have diagnostic challenges.

Diagnosis (including other diagnoses considered).

➔ We mentioned diagnosis in the patient section.

Prognostic characteristics when applicable.

9. Therapeutic Intervention

Types of therapeutic intervention (pharmacologic, surgical, preventive).

➔ We described the procedure in the technique section.

Administration of therapeutic intervention (dosage, strength, duration).

➔ We described the procedure in the technique section.

Changes in therapeutic interventions with explanations.

➔ We described change of therapeutic intervention in the technique section.

10. Follow-up and Outcomes

Clinician- and patient-assessed outcomes if available.

➔ We described outcomes in the result section.

Important follow-up diagnostic and other test results.

➔ We added sentence “Follow up plain films showed appropriate stent placement in all patients.” In the result section.

Intervention adherence and tolerability. (How was this assessed?)

➔ There were no significant complications related to these procedures.

Adverse and unanticipated events.

➔ There is no complication in this study.

11. Discussion

Strengths and limitations in your approach to this case.

➔ We described advantages and limitation of the technique in discussion section

Discussion of the relevant medical literature.

➔ We discussed previous studies of foreign body removal in discussion section.

The rationale for your conclusions.

➔ We described the rationale for our conclusion in the discussion section, such as "this technique uses only introducer sheaths and a 0.018 inch-guide-wire." and "No complications occurred in any patients."

The primary “take-away” lessons from this case report (without references) in a one paragraph conclusion.

➔ Yes, we did.

12. Patient Perspective – The patient should share their perspective on the treatment(s) they received.

➔ We explained the procedure before the procedure and informed the patient about the results.

13. Informed Consent – The patient should give informed consent. (Provide if requested.)

➔ This retrospective study was approved by our Institutional Review Board. This study was exempted from the consent. Exemption from informed consent was granted as this was a retrospective study.

Reviewer 2:
the paper have emphasis on economic aspect of paper(alternative and inexpensive).

its better to put some schematic picture for better understanding of readers.

➔ We changed the figure to schematic picture.

number of cases are low and if it possible include more patients.

➔ Unfortunately, we do not have another case.

Reviewer 3:
The retrieval technique is quite helpful and it can also be done using a 0.035 guidewire.
Please elaborate more on how to insert the wire through the urethra.

➔ We added “When performing a retrograde approach, a 7-F latex nelaton catheter (Sewoon, Chingdao, China) was first inserted into their urinary bladders after cutting off its tip with scissors for passage of the guide wire.” in the technique section.

Addition of a short movie could be helpful if it is feasible for the journal website.

➔ We agree your opinion, but there is no instruction for a movie in this journal.

This brief report could be interesting to IJR readers.

Reviewer 4:
Thank you for submitting your manuscript to IJR for consideration. I considered your manuscript have not been able to afford it a high enough scientific priority rating for publication . A number of

considerations, were weighed in reaching this decision.
I wish to express my appreciation to you for allowing this journal the opportunity of considering your work. I hope that we will have the opportunity to see the results of your effort in the future.

➔ Thank you for your comment.

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) — 24 Mar 2020

Dear AE,
my request has not been done and therefore i reject this paper.
Thanks.

REFEREE: Reviewer | **Revision** (1) — 25 Mar 2020

Dear AE,
Thanks to deer authors for applying proposed comments in the manuscript according to the 2013 CARE checklist. Currently, this draft is appropriate in terms of methodology for publication.
Thanks.

REFEREE: Associate Editor | **Revision** (1) — 27 Apr 2020

Dear EIC
The authors performed all of the reviewers' suggestions.
Thanks.

REFEREE: Associate Editor | **Revision** (1) — 14 Jun 2020

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

REFEREE: EIC | **Revision** (1) — 15 Jun 2020

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