OPEN PEER REVIEW

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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.

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- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

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Peer Review Report for "The Association of Apolipoprotein A1 Gene Polymorphisms with Acute Lymphocytic Leukemia in Tehran Province"

Author(s): Mostafa Bahrebar, Tahmineh Chalak

Review Timeline:

Submit Date: 17 Jun 2020
Revised Date: 19 Aug 2020
Accepted Date: 20 Aug 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) — 30 Jun 2020

Dear AE,
General comment in the word format uploaded.
Thanks.

REFEREE: Reviewer | **Revision** (0) — 1 Jul 2020

Dear AE,
Reviewers' comments are as follow:
The manuscript should be rewritten due to grammatical errors and confusing sentences. some of these errors were mentioned in the manuscript file. It is strongly recommended to be revised by a native speaker. There were some other comments and questions mentioned in the manuscript and attached as a track change file.
Thanks.

Seyyed Ali Mard: Associate Editor | **Revision** (0) — 1 Jul 2020

Dear EIC,
According to the comments of respected reviewers, the manuscript must be revised before

getting acceptance.
Thanks.

Seyyed Ali Mard: EIC | **Revision** (0) 1 Jul 2020

Dear Author
According to the comments forwarded by respected reviewers, your manuscript must to be revised before getting acceptance.
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 Reviewers

Greetings and respect

Our manuscript has been modified according to your comments. Also according to the instructions of the journal, due to the limited number of words from 5400 to 4200, changes were made in this manuscript.

Reply to First Reviewer

Q-1 please stop sentences and no juntion because difficult to undrestand comeprehensive sentences. short sentences prefered.

Acute lymphocytic leukemia (ALL) is an aggressive neoplasm and this type of leukemia affects lymph cells or lymphocytes that make lymphatic tissue and has an acute process. It is one of the most common cancers among children.

Reply-1

Acute lymphocytic leukemia (ALL) is a cancer of the lymphoid line of blood cells. It characterized by the development of large numbers of immature lymphocytes. It is one of the most common cancers among children.

Q-2 what is this number age ? please define

Acute lymphoblastic leukemia (ALL) is the most common type of leukemia, which is more common in people under 15 in Iran

Reply-2

Acute lymphocytic leukemia (ALL) that is also known as acute lymphoblastic leukemia is the most common type of leukemia, which is more common in people under the age of 15 years in Iran (3).

Various studies have shown that the time between the onset of the ALL disease and its spread is very short, and the most common type of leukemia is in children which is often seen in children between the ages of 2 and 6 that its treatment resulted. ALL can also occur in adults, though the chance of a cure is greatly reduced and people over the age of 75 is more vulnerable to the disease (7).

Q-3 please explain shortly gap-pcr?

Finally, the GAP-PCR product was detected based on electrophoresis on agarose gel and etidium bromide staining against ultraviolet light.

Reply-3

Gap-PCR method is a technique used to detect large mutations. The oligonucleotide primers used in this technique are designed to cover both sides of the removed area. If deleted, the two primers come close together and DNA replicates. This method is considered as a simple, fast and inexpensive alternative to Southern blotting and Fluorescent In Situ Hybridization (FISH) methods (23, 24).

Q-4 hetozygote state nothing here in this case like other polymorphism ?

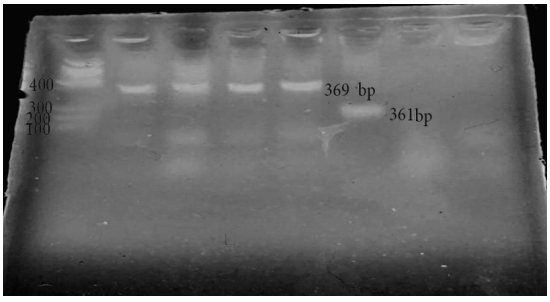
Also in this study, the expected genotypes included DD and II, which were observed in different individuals of genotypic samples.

Reply-4

The results of agarose gel electrophoresis of the GAP-PCR products related to the insertion and deletion mutation of the ApoA1 gene in patients are shown in Figure 1. Two fragments were achieved, one of which was 361 bp related to the deletion mutation of ApoA1 gene, called allele D, as a genotype of DD and the other fragment, with 396 bp, was related to the insertion mutation of ApoA1 gene, named I allele, as a genotype of II (Figure 1). Heterozygote state was not observed in this cases like other subjects.

Q-5 figure not clease please change figure if you can?

Figure 1- GAP-PCR products including segment 369 bp for genotype II and segment 361 bp for genotype DD related to Apolipoprotein A1 gene (Insertion/Deletion) polymorphism.



Reply-5

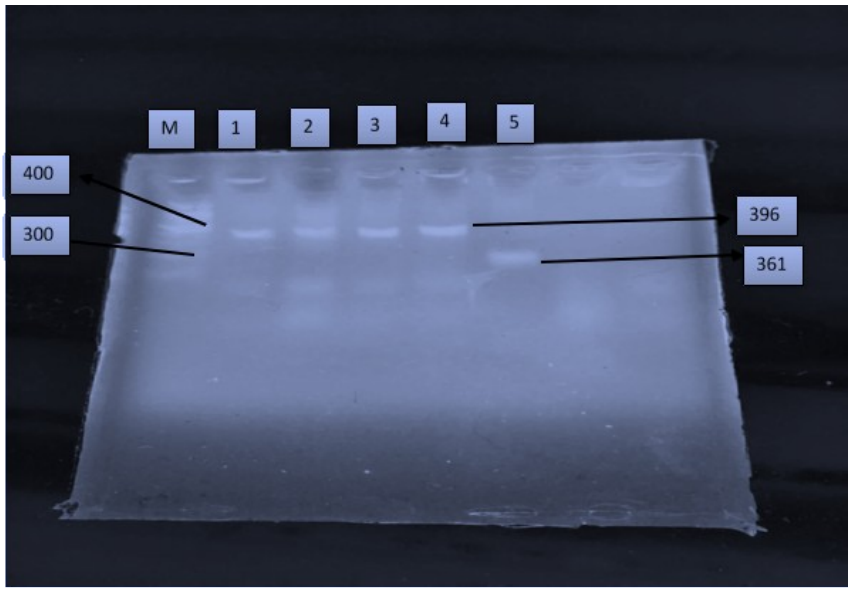


Figure 1- Agarose gel electrophoresis of the GAP-PCR products related to Insertion and Deletion mutation of the ApoA1 gene in the ALL individuals (lanes 1-5). A fragment with 396 bp yielded in lanes 1-4 related to the insertion mutation as a genotype of II. The other fragment with 361 bp (lane 5), related to deletion mutation as a genotype of DD. Markers of known length were run in lane M.

Q-6 under table please insert note about your table briefly.

Table 3. Genotype distribution of Apolipoprotein A1 gene polymorphism in the control group and ALL patients based on sex.

Genotype	Male				Female				Total	P
	Patient	Healthy	Total	Percent	Patient	Healthy	Total	percent		
II	17	15	32	64%	4	7	11	22%	43	0/5
DD	3	3	6	12%	1	0	1	2%	7	16
Total	20	18	38	76%	5	7	12	24%	50	

Reply-6

The results of the genotype distribution among the patients showed that there was 21 homozygotes with genotype II and 4 homozygotes with genotype DD and nobody with heterozygote genotype DI. Among in the healthy subjects, 22 homozygotes with genotype II and 3 homozygotes with genotype DD, also nobody with heterozygote genotype DI was found. Based on the relevant statistical analysis despite the high frequency of the both

genotypes in male than in female, there was no significant difference between genotype distribution of healthy subjects and patients (P = 0.516) (Table 3).

Table 3. Genotype distribution of ApoA1 gene polymorphisms in the healthy subjects and patients based on sex.

Sex	Group	II genotype	II Percent	DD genotype	DD Percent	Total	Percent	P
Male	Patients	17	34	3	6	20	40	*0.516*
	Healthy	15	30	3	6	18	36	
	Total	32	64	6	12	38	76	
Female	Patients	4	8	1	2	5	10	
	Healthy	7	14	0	0	7	14	
	Total	11	22	1	2	12	24	
Total of male and female		43	86	7	14	50	100	

Reply to second Reviwer-2

Q-1 This paragraph is confusing, please make it clear.

What is meaning of this sentence: " Gender was also found to be more frequent in both genotypes II and DD in male than in female". This paragraph should also be corrected for grammatical error.

The identified polymorphisms had genotypes II and DD which genotype II was the most frequent in the patient and control groups but there was no significant difference in frequencies of $APOA_1$ polymorphism between patients and healthy group. Gender was also found to be more frequent in both genotypes II and DD in male than in female. In addition, we observed no association between the $APOA_1$ polymorphisms and gender and age levels ($p>0.05$) in the ALL group. This result was also present in the control group ($p>0.05$).

Reply-1

In this study, two ApoA1 gene polymorphisms included II and DD genotypes were observed, which II had the highest frequency among in both groups of healthy subjects and patients. But, no significant differences between two groups was found (P>0.05). ALL and both genotypes had a higher frequency in males than in females. Despite high frequency of the both genotypes in male, there was no significant differences between healthy subjects and patients in term of age and sex (P>0.05).

Q-2 It seems that "case-control studies" is not proper as a keyword

Key words: Apolipoprotein, leukemia, Case-Control Studies, Polymorphism, $APOA_1$ gene

Reply-2

Key words: Apolipoprotein, lymphocytic, leukemia, Polymorphism, ApoA1 gene.

Q-3 Decrease of HDLC-C is a cause of disease or a sign of desease? Or just there was a significant relationship between decrease of HDLC-C and ALL? If yes, it can not be the cause of desease

Some studies have reported that one of the causes of acute lymphoid leukemia is a decrease of High Density Lipoprotein Cholesterol: HDL-C in blood (10, 11).

Reply-3

Apolipoprotein A1 is a protein and the major component of HDL particles that in humans is encoded by the ApoA1 gene. This gene is located on the 11th chromosome, with its specific location being 11q23-q24. It contains 4 exons. Some studies elucidated that genetic changes in the ApoA1 gene leaded to triglycerides increasing and HDL decreasing. (9, 10, 11 and 12). Numerous study have shown that lower HDL and higher triglycerides are associated with cancers (13, 14, 15, 16 and 17). Naik demonstrated that serum cholesterol, HDL and LDL significantly decreased and associated inversely with incidence of cancer, whereas triglycerides were significantly elevated in cancer patients as compared to the normal (13) which is in agreement with the finding of Musolino et al (14) and Fiorenza (15). The relation between hypocholesterolemia and degree of maturation of leukemic blast cell in acute myeloid leukemia was demonstrated in the other study (16). Also, Peterson demonstrated that hypocholesterolmia in cancer patients may be caused by elevated LDL receptor activates in malignant cells. The inverse association between cancer and serum cholesterol may reflect a physiological response to early undiagnosed stages of cancer (17).

Another studies have reported that ApoA1 is a potential marker for many types of cancer, including breast and pancreatic cancer (26, 27). Another study reported an association between HDL-C/ApoA1 plasma levels and the risk of developing a wide range of cancers (28).

Q-4 This sentence can not be corrected. does blood pressure really change or alter nucleotide sequence????? This is a new and outstanding claim. Please recheck sentence in reference and correct it.

It seems that some modifiable factors such as diabetes, high blood pressure and smoking can alter the nucleotide sequence of the APOA1 gene and increase the risk of leukemia (14).

Reply-4

This sentences and related reference removed from our manuscript because it was as hypothesis in the reference article.

*Q-5 T*he author should more explain about APOA1 and it's polymorphism in background section and decrease the first part of background about ALL

Reply- 5

Apolipoprotein A1 is a protein and the major component of HDL particles that in humans is encoded by the ApoA1 gene. This gene is located on the 11th chromosome, with its specific location being 11q23-q24. It contains 4 exons. Some studies elucidated that genetic changes in the ApoA1 gene leaded to triglycerides increasing and HDL decreasing. (9, 10, 11 and 12). Numerous study have shown that lower HDL and higher triglycerides are associated with cancers (13, 14, 15, 16 and 17). Naik demonstrated that serum cholesterol, HDL and LDL significantly decreased and associated inversely with incidence of cancer, whereas triglycerides were significantly elevated in cancer patients as compared to the normal (13) which is in agreement with the finding of Musolino et al (14) and Fiorenza (15). The relation between hypocholesterolemia and degree of maturation of leukemic blast cell in acute myeloid leukemia was demonstrated in the other study (16). Also, Peterson demonstrated that hypocholesterolmia in cancer patients may be caused by elevated LDL receptor activates in malignant cells. The inverse association between cancer and serum cholesterol may reflect a physiological response to early undiagnosed stages of cancer (17).

Two siblings with HDL deficiency and no plasma apolipoprotein A-I (Apo A-I) were found to be homozygous for a cytosine deletion in exon 3 of Apo A-I gene (c.85 del C, Q5FsX11). This mutation causes a frame shift leading to a premature stop codon and abolishes the synthesis of ApoA1. In two other unrelated subjects HDL deficiency was due to heterozygosis for a nucleotide substitution in exon 4 of Apo A-I gene (c.494 T>G, L141R) (18). A family with hereditary non-neuropathic amyloidosis have reported that hereditary hepatic and systemic amyloidosis caused by a new deletion/insertion mutation in the ApoA1 gene, in which 12 residues in the amyloidogenic NH2-terminal fragment have been deleted and 2 residues inserted. The 5' end of exon 4 of ApoA1 gene reported as abnormal, producing a PCR product of 361bp fragment as the deletion and 396bp as the insertion mutation (19).

Q-6 Why did you select this sample size? What was your criteria?

Blood samples were taken from DNA of 25 patients with ALL and 25 healthy individuals

Reply-6

The required sample size was obtained to study 25 ALL patients and 25 healthy subjects based on sampling size of similar studies and limited access to patient samples (9, 20).

Q-7 Explain about salting out method briefly

DNA was extracted from 500 µl of blood samples by salting out method (17)

Reply-7

DNA was extracted from blood samples by salting out method. A rapid, safe and inexpensive method was developed to simplify the deproteinization procedure. This method involves salting out of the cellular proteins by dehydration and precipitation with a saturated NaCl solution according to following procedure: Total of blood samples were collected and kept in 4C°. Then 1.5 ml of cell lyses buffer was added to 500 µl of the each blood samples. The cell lysates were digested overnight at 37°C with 0.2 ml of 10% SDS and 0.5 ml of a protease K solution. After digestion was complete, 1 ml of saturated NaCl (approximately 6M) was added to each tube and shaken vigorously for 15 seconds, followed by centrifugation at 2500 rpm for 15 minutes. The precipitated protein pellet was left at the bottom of the tube and the supernatant containing the DNA was transferred to another tube. Exactly 2 volumes of absolute ethanol was added and the tubes inverted several times until the DNA precipitated. The precipitated DNA strands were removed and transferred to a 1.5 ml microcentrifuge tube containing 100-200 pl TE buffer. The DNA was allowed to dissolve 2 hours at 37°C before quantitating. Qualitative analysis of the DNA extracted was determined with the help of Agarose gel 1.5% of electrophoresis and its concentration was measured using Nano drop (21, 22).

Q-8 *What is GAP PCR? Use full name in first use*

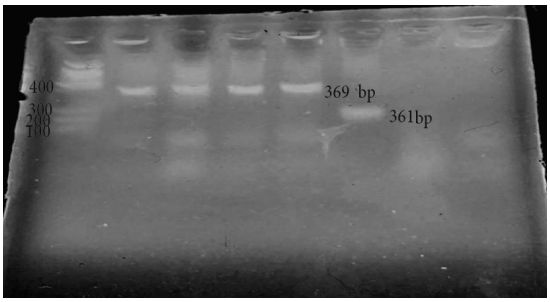
Reply -8

The genotype distribution and allele frequencies for the ApoA1 gene insertion/deletion polymorphisms were determined by Gap- polymerase chain reaction (Gap-PCR) to compare patients and healthy subjects.

Gap-PCR method is a technique used to detect large mutations. The oligonucleotide primers used in this technique are designed to cover both sides of the removed area. If deleted, the two primers come close together and DNA replicates. This method is considered as a simple, fast and inexpensive alternative to Southern blotting and Fluorescent In Situ Hybridization (FISH) methods (23, 24).

Q-9 *Please use a picture with better quality if possible*

Figure 1- GAP-PCR products including segment 369 bp for genotype II and segment 361 bp for genotype DD related to Apolipoprotein A1 gene (Insertion/Deletion) polymorphism.



Reply-9

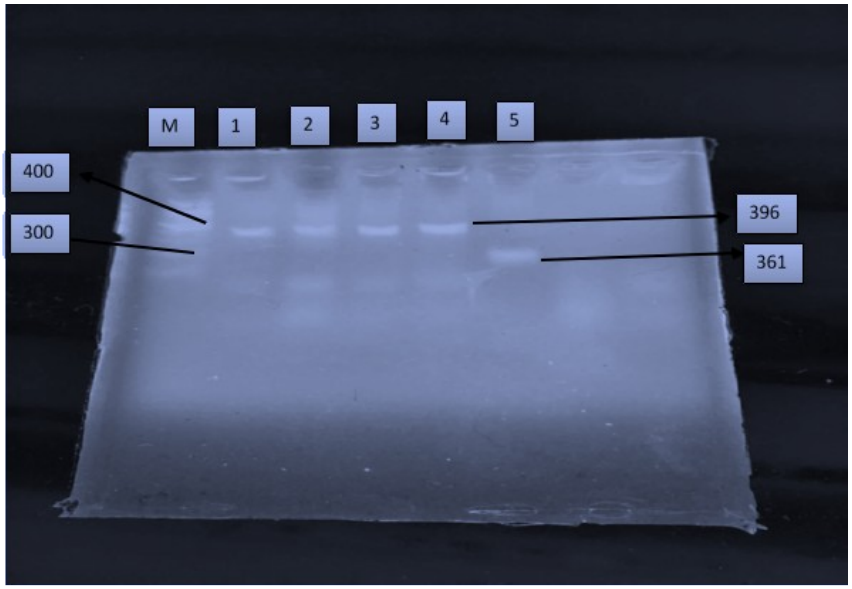


Figure 1- Agarose gel electrophoresis of the GAP-PCR products related to Insertion and Deletion mutation of the ApoA1 gene in the ALL individuals (lanes 1-5). A fragment with 396 bp yielded in lanes 1-4 related to the insertion mutation as a genotype of II. The other fragment with 361 bp (lane 5), related to deletion mutation as a genotype of DD. Markers of known length were run in lane M.

Q-10 Is it usual? Nobody with DI genotype?

and no individual was observed with heterozygous genotype (DI).

Reply-10

The results of agarose gel electrophoresis of the GAP-PCR products related to the insertion and deletion mutation of the ApoA1 gene in patients are shown in Figure 1. Two fragments were achieved, one of which was 361 bp related to the deletion mutation of ApoA1 gene, called allele D, as a genotype of DD and the other fragment, with 396 bp, was related to the

insertion mutation of ApoA1 gene, named I allele, as a genotype of II (Figure 1). Heterozygote state was not observed in this cases like other subjects.

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) 28 Jul 2020

Dear AE
The manuscript can be accepted for publication after these corrections:
1- The manuscript still has grammatical errors. revision by a native speaker is strongly recommended.
2- The gel picture still has low quality. The amplified bands are very weak and the ladder is faint and blurry.
3- In material and methods the author mentioned that protein was precipitated by saturated NaCl with 2500 rpm centrifugation. as I know protein precipitation needs high-speed centrifugation (12000 rpm), please check and correct it.
Thanks.

REFEREE: Associate Editor | **Revision** (1) 28 Jul 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,

Seyyed Ali Mard: EIC | **Revision** (1) 28 Jul 2020

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

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.

Dear Reviewers

Greetings and respect

Our manuscript has been modified according to your comments. All references **modified** based on a **Vancouver style**.

Q-1 The manuscript still has grammatical errors. Revision by a native speaker is strongly recommended.

Reply -1

Correction of grammatical errors in Page-1

1. *It characterized by …* →

   It is characterized by …

2. *…to compare of patient's cases with ALL disease and healthy subjects* →

   … to compare patient's cases with ALL disease and healthy subjects.

3. *In this study, two ApoA1 gene polymorphisms included II and DD genotypes were observed, which II had the highest frequency among in both groups of healthy subjects and patients.* →

   In this study, two ApoA1 gene polymorphisms include II and DD genotypes were observed, which II had the highest frequency in both groups of healthy subjects and patients

4. *… patients in term of age and sex (P>0.05).* →

   …patients in terms of age and sex (P>0.05).

Correction of grammatical errors in Page-2

1. *…Acute lymphocytic leukemia (ALL) that is also known as acute lymphoblastic leukemia is the most common type of leukemia, which is more common in people under the age of 15 years in Iran (3).* →

Acute lymphocytic leukemia (ALL) that is known as acute lymphoblastic leukemia is the most common type of leukemia, which is more common among people under the age of 15 years in Iran (3).

2. *… and based on the involved cells to lymphoid and myeloid divided (5).*

→ *… and also based on the involved cells to lymphoid and myeloid is divided into two types (5).*

3. *…number of other blood cells, such as red blood cells and platelets…*

→ *…number of other blood cells such as red blood cells and platelets…*

4. *Various studies have shown that the time between the onset of the ALL disease and its spread is very short, and the most common type of leukemia is in children which is often seen in children between the ages of 2 and 6 that its treatment resulted.*

→ *Various studies have shown that the time between the appearance of the ALL disease and its spreading is very short, and the most common type of leukemia is in children which is often seen in children between the ages of 2 and 6.*

5. *This gene is located on the 11th chromosome, with its specific location being 11q23-q24. It contains 4 exons.*

→ *This gene is located on the 11th chromosome with its specific location 11q23-q24*

6. *Numerous study have shown that lower HDL and higher triglycerides are associated with cancers*

→ *Numerous studies have shown that lower HDL and higher triglycerides are associated with cancers*

7. *Naik demonstrated that serum cholesterol, HDL and LDL significantly decreased and associated inversely with incidence of cancer, whereas triglycerides were significantly elevated in cancer patients as compared to the normal (13) which is in agreement with the finding of Musolino et al (14). The relation between hypocholesterolemia and degree of maturation of leukemic blast cell in acute myeloid leukemia was demonstrated in the other study (16).*

→ *Naik demonstrated that serum cholesterol, HDL and LDL are significantly decreased and associated inversely with incidence of cancer, whereas triglycerides were significantly elevated in cancer patients compared to the normal (13) which is in agreement with the findings of Musolino et al (14). The relation between hypocholesterolemia and degree of maturation of leukemic blast cell in acute myeloid leukemia was demonstrated in the other studies (16).*

Correction of grammatical errors in Page-3

1. *In the present study, the role of different modes of ApoA1 gene polymorphisms in patients with ALL, and the frequency of different alleles of insertion/ deletion mutation of ApoA1 gene was investigated.*

→ In the present study, the role of different modes of ApoA1 gene polymorphisms in patients with ALL, and the frequency of different alleles of insertion/ deletion mutation of ApoA1 gene were investigated.

2. *The patients were diagnosed by a physician specializing in diseases and were under treatment…*

→ *The patients were diagnosed by a physician specialized in diseases and they were under treatment …*

3. *From among the healthy people who referred to…*

→ *Among the healthy people who referred to …*

4. *…, the healthy subjects was selected through simple randomization.*

→ *…the healthy subjects were selected through simple randomization.*

Correction of grammatical errors in Page-4

1- *Genotype distribution and allele's frequencies were determined by Gap-PCR method. Using the pair of primers presented in Table 1…*

→ *Genotype distribution and allele's frequencies were determined by Gap-PCR method. Using a pair of primers presented in Table 1,…*

Correction of grammatical errors in Page-6

1. The results of the genotype distribution among the patients showed that there was 21 homozygotes with genotype II and 4 homozygotes with genotype DD and nobody with heterozygote genotype DI. Among in the healthy subjects, 22 homozygotes with genotype II and 3 homozygotes with genotype DD, also nobody with heterozygote genotype DI was found. Based on the relevant statistical analysis despite the high frequency of the both genotypes in male than in female, there was no significant difference between genotype distribution of healthy subjects and patients (P = 0.516) (Table 3).

→The results of the genotype distribution among the patients showed that there were 21 homozygotes with genotype II and 4 homozygotes with genotype DD and nobody with heterozygote genotype DI. Among the healthy subjects, 22 homozygotes with genotype II and 3 homozygotes with genotype DD, also nobody with heterozygote genotype DI was found. Based on the relevant statistical analysis despite the high frequencies of both genotypes in male than in female, there was no significant difference between genotype distribution of healthy subjects and patients (P = 0.516) (Table 3).

Correction of grammatical errors in Page-7

1- *The results of sex-based genotype distribution showed that ALL disease had high relative*

→ *The results of sex-based genotype distribution showed that ALL disease had higher relative frequency percentage in the males than in females.*

2- *The percentage of absolute frequency of 6-8 years was lowest and 8-10 years was highest rate compared to the other subjects.*

→ *The percentage of absolute frequency of 6-8 years was the lowest and 8-10 years was the highest rate compared to the other subjects.*

Correction of grammatical errors in Page-9

1- *While many of the results indicate that polymorphism of ApoA1 is not significant with ALL disease in different communities…*

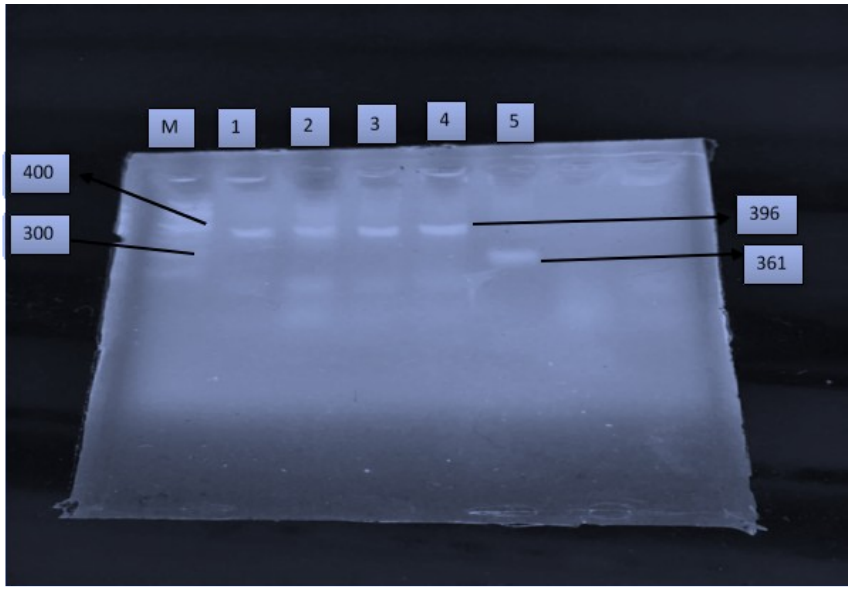
→ *While many of the results has indicated that polymorphism of ApoA1 is not significant with ALL disease in different communities,…*

Correction of grammatical errors in Page-10

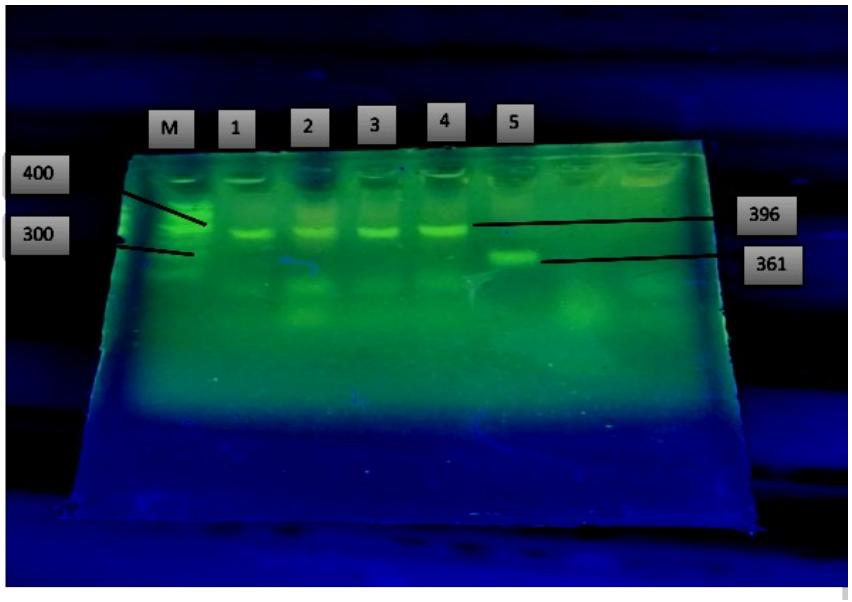
1…. *it can be concluded that ApoA1 gene polymorphisms was not associated with ALL and not effective in the formation or exacerbation of it in this population.*

→ *it can be concluded that ApoA1 gene polymorphisms was not associated with ALL and was not effective in the formation or exacerbation of it in this population.*

Q-2 *The gel picture still has low quality. The amplified bands are very weak and the ladder is faint and blurry.*



Reply-2 The picture quality was changed as follows and no other changes or better images were possible to replace.



Q3-*In material and methods the author mentioned that protein was precipitated by saturated NaCl with 2500 rpm centrifugation. as I know protein precipitation needs high-speed centrifugation (12000 rpm), please check and correct it.After digestion was complete, 1 ml of saturated NaCl (approximately 6M) was added to each tube and shaken vigorously for 15 seconds, followed by centrifugation at 2500 rpm for 15 minutes.*

Reply-3

After digestion was complete, 1 ml of saturated NaCl (approximately 6M) was added to each tube and shaken vigorously for 15 seconds, followed by centrifugation at 12000 rpm for 15 minutes.

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) 20 Aug 2020

Dear AE
The manuscript can be accepted for publication in jentashapir Journal of cellular and molecular biology.
Thanks.

Seyyed Ali Mard: Associate Editor | **Revision** (2) 20 Aug 2020

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

Seyyed Ali Mard: EIC | **Revision** (2) 20 Aug 2020

Dear Authors,
I agreed to accept in accordance with our reviewer comments.
Thanks.