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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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Jundishapur Journal of Microbiology
Article DOI: 10.5812/jjm.99990
Published in: Jundishapur Journal of Microbiology: 13(7); e99990

Peer Review Report for "Clinico-Microbiological Investigation on Fosfomycin and Tigecycline Resistant Gram-Negative Bacilli Isolated from Urinary Tract Infections: A Potential Resurgence"

Author(s): Maryam Dastborhan, Mojtaba Varshochi, Alka Hasani, Leila Dehghani, Elghar Soltani, Masoud Nouri-Vaskeh

Review Timeline:

Submit Date: 8 Dec 2019
Revised Date: 15 Jul 2020
Accepted Date: 25 Jul 2020

Revision (0)

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

Farhad Safarpoor Dehkordi: Reviewer | **Revision** (0) 26 Jan 2020

Dear AE,
Well, this is an original research manuscript about the effects of Fosfomycin and Tigecycline on Gram-negative bacillus bacteria isolated from the cases of UTIs. In the mentioned survey, a total of 150 resistant isolates were included. Overall, 92% (n=138) of the resistant isolates were sensitive while, 1.3% (n=2) were resistant to both antibiotics (fosfomycin and tigecycline), as confirmed by laboratory methods (disk diffusion and Epsilon meter test). The difference was statistically significant (p = 0.001). The authors concluded that both fosfomycin and tigecycline had an excellent antimicrobial activity on the resistant pathogens involved in urinary tract infection.
I want authors to address my comments point by point:
1- Text is full of grammatical and typographical mistakes. Please use a native English speaker person which is an expert in microbiology to revise your text.
2- The introduction section is too long and didn't contain the section of aims with its subtitle. Please delete unnecessary parts and add that section into the final part of the article.

3- Please add subtitles for the methods and results sections.
4- E. coli not E.coli. Please correct throughout the text.
5- It sounds weird that all of the samples were positive just for 5 bacteria. What about other pathogens? Other bacteria? Other fungi?
6- Add the age of patients.
7- Authors said The bacterial isolates were obtained by the routine semi-quantitative urine culture onto Eosin Methylene Blue and Blood Agar plates. It is not sufficient for bacterial isolation. You should add the complete method using valid references.
8- How the urine samples were collected?
9- How the external contamination of urine samples was inhibited?
10- Please add the history of sampling. Place of sampling, Ethical consideration, and code, age of patients, …
11- How the authors detected the medical complication of patients?
12- The bacterial isolates were identified by performing biochemical tests (13). Add them in brief for each bacteria separately.
13- Authors said Antibiotic susceptibility tests were performed by the Kirby-Bauer method according to the Clinical and Laboratory Standards Institute (CLSI) recommendations for gram-negative bacilli using various antibiotic disks (14). What was the quality control organisms of the disk diffusion? Why authors used from the CLSI 2011? It is completely old.
14- Authors said For identity ESBL producing strains, bacterial isolates were cultured onto Mueller Hinton agar plates as described above for the Kirby-Bauer method, and disks utilized included, ceftazidime/clavulanic acid (30/10µg), aztreonam (30µg), cefotaxime/clavulanic acid (30/10µg), cefotaxime (30µg) and ceftazidime (30µg). Please note that each bacterium needs some special requirement for culturing. Please add them one by one incomplete view. What was the main reason for the selection of these antibiotic agents? Is it the way used routinely for identification of ESBL producing strains?
15- Please add the producer company of the antibiotic disks.
16- What concentration of bacteria was used in the disk diffusion?
17- As far as I know, multi-drug resistant bacteria are those who had complete resistance against more than three classes of antibiotics.
18- The author said The plates were incubated at 37˚C for 18-24h. Is it done for all bacteria?
19- Authors said, CLSI and FDA inhibitory zone diameter breakpoints for Enterobactericeae were used for fosfomycin and tigecycline, respectively. In my opinion, the CLSI is a definitive guideline for the disk diffusion. Additionally, FDA and CLSI may have some differences with each other.
20- K. pneumoniae not K.pneumoniae.
21- Gaps between the words should address especially between the genus and species of the bacteria.
22- Table 2 and 3 should replace with table 2 and 3
23- Please complete the discussion with some literature-based surveys and also explanation and interpretation of your obtained findings.
24- Additionally, add some explanation about the fact that why other surveys cannot solve the issue which caused that you and your colleague performed this research. Additionally, the novelty of work and also the application of the results obtained from this work.
25- Some of your references were old. You should replace them with some novel

references.
26- Are there any surveys conducted on this field in Iran and some neighboring countries? Please add them.
27- Please complete the conclusion with some more relevant information about the exact finding of your survey and also their application in microbiology.
28- What are the main applications of your research in the field of microbiology based on the clinical view.
29- Please also unique the style of references throughout the references lists.
30- Please add the main method used for the isolation of bacteria.
31- Please determined the history of clinical samples.
32- It is not clear that how samples were collected.
33- Please add the ethical considerations.
34- Please use the percentages with two decimal places.
35- Authors should determine the exact method used for the determination of Underlying urological diseases and also chronic diseases.
36- Please add statistical analysis of data into the tables.
Cheers
FSD

REFEREE: Reviewer | **Revision** (0) 2 Apr 2020

Dear AE,
In this manuscript, the authors presented their results on the effect of two antibiotics on drug-resistant bacterial strains isolated from UTI patients of a hospital in Tabriz. Although this case report has been presented in details but some points have to be clarified which are as follow:
Title:
"Drug-resistant" instead of only "Resistant".
Abstract:
1- Results of the abstract are not very informative and do not include some of the results that they're mentioning to help understanding better the outcomes of this research study.
2- Also, the conclusion of the abstract has to be somehow specific and not very general.
Introduction:
3- Although the importance of three main subjects of this research studies (UTI related drug-resistant bacteria, Antibiotics Fosfomycin and Tigecycline) are explained in an appropriate way but still more reasons have to be presented in place to answer the questions: Why such studies were performed in a local hospital? How such results can help to find the appropriate drug to cure UTI infections caused by drug-resistant bacteria?
Materials and Methods:
4- The biochemical tests that were used for identification have to be specified. Given a reference (13) although is desirable but does not seem to be enough.
Results:
5- Some of the results that are shown below are not figured out. These results such as the results of antibiotic-resistant profile can be presented in the form of Table or Graphs (Table 5 does not have details of some of the following results):
"Of the 78 in-patients, 55.1% (n=43) had a history of antibiotic use over the past 3 months,

which consist of 39.5% (n=17) males and 60.5% (n=26) females. The most commonly used antibiotic was ciprofloxacin in 23 patients, followed by meropenem (7 patients), ceftriaxone (5 patients), cefixime (4 patients), levofloxacin and cefazolin each in 3 patients, cefepime and piperacillin-tazobactam each in 2 patients, moxifloxacin, ofloxacin, gentamycin, azithromycin, cephalexin and imipenem, each in one patient.

Among 150 resistant gram-negative bacilli (MDR, XDR, or ESBL producing isolates), 92% (n=138), were found susceptible and 1.3% (n=2) resistant to both antibiotics (fosfomycin and tigecycline), confirmed by disk diffusion and E-test methods. The difference was statistically significant (p=0.001). About 93.3% (n=140), were sensitive and 5.3% (n=8) resistant to fosfomycin that confirmed with both methods. Similarly, 96% (n=144) were sensitive and 1.3% (n=2) were resistant to tigecycline that confirmed with both methods. Based on the diameter of the inhibitory zone around the fosfomycin disks, 93.3% (n=140) were susceptible while, 6% (n=9) were resistant. Based on MIC, 94% (n=141) were susceptible and 6% (n=9) were resistant to fosfomycin. Based on the diameter of the inhibitory zone around the tigecycline disks, 96.7% (n=145) were susceptible while, 2.6% (n=4) were resistant to tigecycline. Based on MIC, 97.3% (n=146) were susceptible and 2% (n=3) were resistant to tigecycline.

Fifty-three patients (67.9%) provided a history of urinary system manipulation. About 86.8% (n=46) of the isolates from these patients, were sensitive to fosfomycin and 90.6% (n=48) were sensitive to tigecycline. Of 36 isolates obtained from the patients with urological underlying disease, 86.1% (n=31) were susceptible to fosfomycin and 94.4% (n=34) were susceptible to tigecycline. Of the 67 isolates from the patients with an underlying condition other than urological condition or predisposing factor to UTI, 91% (n=61) were susceptible to fosfomycin and tigecycline. Of the 43 isolates obtained from the patients with a history of antibiotics use within 3 past months, 81.4% (n=35) were sensitive to fosfomycin while, 86% (n=37) were sensitive to tigecycline. The history of antibiotic use within 3 months prior to admission was positive in all patients from whom fosfomycin and/or tigecycline resistant isolates were collected. Of ten fosfomycin or tigecycline resistant strains obtained from hospitalized patients, seven patients (70%) had a history of ciprofloxacin usage. Meropenem (n=4), ceftriaxone (n=2), imipenem, cefazolin, and piperacillin-tazobactam were utilized prior to the development of UTI."

6- Why in Table 5 the results for E. coli (M) are not shown, also results of in-patient or out-patient cannot be seen for some of bacteria why?

Discussion:

7- Although the continuation of previous studies and their comparison with the presented research work is the main purpose of the discussion but this section also must pay attention to differences, differentiation, or advantages between the present study and preceding researches. For example in the following sentence we see that similar studies performed in a somehow similar location, the reason for repeating such experiments has to be explained:

"In a study conducted in Tabriz and Urmia on UTIs, found MDR and ESBL producing isolates had susceptibility to fosfomycin (97.3%) (24)."

Thanks.

Farhad Safarpoor Dehkordi: Associate Editor | **Revision** (0) 13 May 2020

Dear EIC
The reviewer(s) have recommended publication, but also suggest some major 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) 16 May 2020

Dear Author,
Thank you for submitting your manuscript to JJM. I have completed the review of your manuscript and a summary is appended below (Pleases find attached files). The reviewers recommend the reconsideration of your paper following major revision. I invite you to resubmit your manuscript after addressing all reviewer comments. Please answer point by point to reviewers' comments on a separate sheet under WORD format and write your modifications in the revised version (WORD format) in colored or highlighted letters. Your answers to reviewers' queries are not only for the Editorial Board but for the readers and should be included, when appropriate, in the manuscript for improvement and a better understanding.
When resubmitting your manuscript, please carefully consider all issues mentioned in the reviewers' comments, outline every change made point by point, and provide suitable rebuttals for any comments not addressed. In addition, JJM INSTRUCTION attached to the mail, Pleases find it.
Note:
Please add ORCID number into you and your collages account, then automatically appear in your published papers in JJM both in HTML and pdf. Pleases follow the below link for the process. http://single.demo.pub/en/knowledgebase/category/tree.html#orcid.html
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 Editor,

We are truly grateful to your and reviewers' detailed comments and thoughtful suggestions on our Manuscript ID 99990 entitled "Clinico-microbiological investigation on fosfomycin and tigecycline resistant gram-negative bacilli isolated from urinary tract infections: A potential resurgence". After taking into account all the comments thoughtfully, we have revised the manuscript and would like to re-submit it for your consideration. We have addressed the comments raised by the reviewers, and the amendments are highlighted in red in the revised manuscript. Point by point responses to the reviewers' comments are listed below this letter. We hope that the revised manuscript is now acceptable for publication in "Jundishapur Journal of Microbiology". And we look forward to hearing from you soon for a favorable decision. Thank you again for your time and consideration.

Yours sincerely,

Prof. Mojtaba Varshochi

Response to the reviewer's comments

Reviewer 1

1- Text is full from grammatical and topographical mistakes. Please use from a native English speaker person which is expert in microbiology to revise your text.

Ans. Text revised with the assistance of microbiologist.

2- The introduction section is too long and didn't contain the section of aims with its subtitle. Please delete unnecessary parts and add that section into the final part of the article.

Ans. Introduction section revised and Aims written with subtitle. (76-119 and 121-129 respectively)

3- Please add subtitle for methods and results sections.

Ans. Subtitle added in sections Materials and Methods and Results.

4- E. coli not E.coli. Please correct throughout the text.

Ans. *E. coli* corrected thorough out the text.

5- It sounds weird that all of the samples were positive just for 5 bacteria. What about other pathogens? Other bacteria? Other fungi?

Ans. We did not mean that all the urine specimens were positive for only 5 bacteria. As mentioned in lines 148-155 and then in the section results.

6- Add the age of patients.

Ans. Age limit revised and corrected (lines 206-208).

7- Authors said The bacterial isolates were obtained by the routine semi-quantitative urine culture onto Eosin Methylene Blue and Blood Agar plates. It is not sufficient to bacterial isolation. You should add the complete method using valid reference.

Ans. Inoculation of urine specimens revised (lines 141-144) with valid reference.

8- How the urine samples were collected?

Ans. Collection of urine specimens included (lines 136-140).

9- How the external contamination of urine samples was inhibited?

Ans. External contamination was avoided by giving precautionary measures to patients and collecting clean catch midstream and catheterized urine specimens (lines 136-138).

10- Please add the history of sampling. Place of sampling, Ethical consideration and code, age of patients.

Ans. Age is mentioned in the section results (lines 206-208). Ethical consideration and code and place of sampling was written in materials and methods section (lines 132- 33 and 135-139 respectively).

11- How the authors detected the medical complication of patients?

Ans. This research was an *in-vitro* study, and so the patients did not receive fosfomycin and tigecycline.

12- The bacterial isolates were identified by performing biochemical tests (13). Add them in brief for each bacteria separately.

Ans. The bacterial identification has been revised (lines 149-157).

13- Authors said Antibiotic susceptibility tests was performed by the Kirby-Bauer method according to the Clinical and Laboratory Standards Institute (CLSI) recommendations for gram negative bacilli using various antibiotic disks (14). What was the quality control organisms of the disk diffusion? Why authors used from the CLSI 2011? It is completely old.

Ans. We used CLSI recommendations of 2017, which shows the corrected breakpoints. Since antibiotics, which we utilized, have not been corrected, thus we mentioned 2011, otherwise we checked CLSI 2017.

14- Authors said For identify ESBL producing strains, bacterial isolates were cultured onto Muellar Hinton agar plates as described above for Kirby-Bauer method and disks utilized included, ceftazidime/clavulanic acid (30/10µg), aztreonam (30µg), cefotaxime/clavulanic acid (30/10µg), cefotaxime (30µg) and ceftazidime (30µg). Please note that each bacterium need some special requirement for culturing. Please add them one by one in complete view. What was the main reason for selection of these antibiotic agents. Is it the way used routinely for identification of ESBL producing strains?

Ans. CLSI, 2017: Table 3A. Tests for Extended-Spectrum β-Lactamases in *Klebsiella pneumoniae, Klebsiella oxytoca, Escherichia coli,* and *Proteus mirabilis.* This table depicts "Testing necessitates use of both cefotaxime and ceftazidime, alone and in combination with clavulanate" with no special conditions. We used the procedure, disks and conditions as per CLSI. Lines 164-172.

15- Please add the producer company of the antibiotic disks.

Ans. Antibiotic company for antibiotic disks and E-test strips mentioned in the section Materials and methods (lines 163, 166 and 183 respectively)

16- What concentration of bacteria was used in the disk diffusion?

Ans. Bacterial suspension matched equivalent to 0.5 McFarland (equivalent to 1x 10^8 CFU/ml) was prepared in sterile saline (Line 181-182).

17- As far as I know, multi-drug resistant bacteria are those who had complete resistance against more than three classes of antibiotics.

Ans. Multi Drug-Resistant (MDR) is defined as acquired non-susceptibility to at least one agent in three or more antimicrobial categories. Line 177-178 and reference 19 (lines 395-397) provided.

18- Author said The plates were incubated at 37˚C for 18-24h.. Is it done for all bacteria?

Ans. Since we worked on gram-negative bacilli, which are facultative anaerobic bacteria. These require temperature of growth from 35-37˚C (the best temperature being 37˚C, the bodily temperature) and incubation time from 18 hrs. to 24 hrs.

19- Authors said, CLSI and FDA inhibitory zone diameter breakpoints for Enterobactericeae were used for fosfomycin and tigecycline, respectively. In my opinion the CLSI is a definitive guideline for the disk diffusion. Additionally, FDA and CLSI may have some differences with each other.

Ans. CLSI guidelines published in year 2017 states: “Laboratories should only report results for agents listed in Table 2 specific to the organism being tested; it is not appropriate to apply disk diffusion or MIC breakpoints borrowed from a table where the organism is not listed. There may be rare cases where an agent may be appropriate for an isolate but for which there are no CLSI breakpoint (eg, tigecycline). In these cases, the FDA prescribing information document for the agent should be consulted”. Thus, for fosfomycin we considered breakpoints depicted in CLSI, 2017 while, for tigecycline FDA was considered. CLSI has depicted only breakpoint for tigecycline MIC for *E. coli* 25922.

20- K. pneumoniae not K.pneumoniae.

Ans. *K. pneumoniae* corrected thorough out the text.

21- Gaps between the words should address especially between the genus and species of the bacteria.

Ans. Gap created between genus and species.

22- Table 2 and 3 should replace with table 2 and 3

Ans. As per the suggestion Table 2 and 3 replaced with table 2 and 3.

23- Please complete the discussion with some literature-based surveys and also explanation and interpretation of your obtained findings.

Ans. Section discussion revised as per the suggestion.

24- Additionally, add some explanation about the fact that why other surveys cannot solve the issue which caused that you and your colleague performed this research. Additionally, the novelty of work and also application of the results obtained from this work.

Ans. Included.

25- Some of your references were old. You should replace them with some novel references.

Ans. References revised.

26- Are there any survey conducted on this field in Iran and some neighbor countries? Please add them.

Ans. Studies conducted in Iran and some neighboring countries included in the text.

27- Please complete the conclusion with some more relevant information about the exact finding of your survey and also their application in microbiology.

Ans. Thank you.

28- What are the main applications of your research in the field of microbiology based on the clinical view.

Ans. The main applications of our research was written in conclusion section (lines 341-349)

29- Please also unique the style of references throughout the references lists.

Ans. References revised.

30- Please add the main method used for isolation of bacteria.

Ans. Section Materials and Methods revised for the isolation of bacteria (Lines 140-157).

31- Please determined the history of clinical samples.

Ans. The history of clinical samples determined in materials and methods section (lines 134-141).

32- It is not clear that how samples were collected.

Ans. Lines 132-140 describes collection and inoculation of urine specimen.

33- Please add the ethical considerations.

Ans. Ethical considerations were added (lines 134-135).

34- Please use the percentages with two decimal places.

Ans. That was done.

35- Authors should determine the exact method used for determination of Underlying urological diseases and also chronic diseases.

Ans. The method used for determination of Underlying urological diseases and also chronic diseases was added (141-145).

Reviewer 2:

In this manuscript the authors presented their results on effect of two antibiotics on drug resistant bacterial strains isolated from UTI patients of a hospital in Tabriz. Although this case report has been presented in details but some points have to be clarified which are as follow:

Title:

"Drug resistant" instead of only "Resistant".

Abstract:

1- Results of abstract are not very informative and do not include some of results that their mentioning help understanding better the outcomes of this research studies.

Ans. Abstract rewrites.

2- Also, conclusion of abstract has to be somehow specific and not very general.

Ans. Corrected.

Introduction:

3- Although the importance of three main subjects of this research studies (UTI related drug resistant bacteria, Antibiotics Fosfomycin and Tigecycline) are explained in appropriate way but still more reasons have to be presented in place to answer the questions: Why such studies was performed in a local hospital? How such results can help to find appropriate drug to cure UTI infections caused by drug resistant bacteria?

Ans. Lines 96-99 and section Objectives explain the necessity of our work.

Materials and Methods:

4- The biochemical tests that were used for identification have to be specified. Given a reference (13) although is desirable but does not seem to be enough.

Ans. Biochemical tests conducted in this investigation for the identification of gram-negative bacilli are mentioned in the section Materials and Methods (lines 149-157) with appropriate references.

Results:

5- Some of results that are shown below are not figured out. These results such as the results of antibiotic resistant profile can be presented in the form of Table or Graphs (Table 5 does not have details of some of the following results):

"Of the 78 in-patients, 55.1% (n=43) had a history of antibiotic use over the past 3 months, which consist of 39.5% (n=17) males and 60.5% (n=26) females. The most commonly used antibiotic was ciprofloxacin in 23 patients, followed by meropenem (7 patients), ceftriaxone (5 patients), cefixime (4 patients), levofloxacin and cefazolin each in 3 patients, cefepime and

piperacillin-tazobactam each in 2 patients, moxifloxacin, ofloxacin, gentamycin, azithromycin, cephalexin and imipenem, each in one patient.

Among 150 resistant gram negative bacilli (MDR, XDR or ESBL producing isolates), 92% (n=138), were found susceptible and 1.3% (n=2) resistant to both antibiotics (fosfomycin and tigecycline), confirmed by disk diffusion and E-test methods. The difference was statistically significant (p=0.001). About 93.3% (n=140), were sensitive and 5.3% (n=8) resistant to fosfomycin that confirmed with both methods. Similarly, 96% (n=144) were sensitive and 1.3% (n=2) were resistant to tigecycline that confirmed with both methods.

Based on the diameter of the inhibitory zone around the fosfomycin disks, 93.3% (n=140) were susceptible while, 6% (n=9) were resistant. Based on MIC, 94% (n=141) were susceptible and 6% (n=9) were resistant to fosfomycin. Based on the diameter of the inhibitory zone around the tigecycline disks, 96.7% (n=145) were susceptible while, 2.6% (n=4) were resistant to tigecycline. Based on MIC, 97.3% (n=146) were susceptible and 2% (n=3) were resistant to tigecycline.

Fifty three patients (67.9%) provided the history of urinary system manipulation. About 86.8% (n=46) of the isolates from these patients, were sensitive to fosfomycin and 90.6% (n=48) were sensitive to tigecycline. Of 36 isolates obtained from the patients with urological underlying disease, 86.1% (n=31) were susceptible to fosfomycin and 94.4% (n=34) were susceptible to tigecycline. Of the 67 isolates from the patients with an underlying condition other than urological condition or predisposing factor to UTI, 91% (n=61) were susceptible to fosfomycin and tigecycline. Of the 43 isolates obtained from the patients with a history of antibiotics use within 3 past months, 81.4% (n=35) were sensitive to fosfomycin while, 86% (n=37) were sensitive to tigecycline. The history of antibiotic use within 3 months prior to admission was positive in all patients from whom fosfomycin and/or tigecycline resistant isolates were collected. Of ten fosfomycin or tigecycline resistant strains obtained from hospitalized patients, seven patients (70%) had a history of ciprofloxacin usage. Meropenem (n=4), ceftriaxone (n=2), imipenem, cefazolin and piperacillin tazobactam were utilized prior to the development of UTI."

Ans. Table 5 is the comprehensive data of fosfomycin and tigecycline resistant isolates however, concerning details on age, gender, antibiotic susceptibility of each strain could not be included in the table. Thus, detailed information was revised and presented in the text.

6- Why in Table 5 the results for E. coli (M) are not shown, also results of in-patient or out-patient cannot be seen for some of bacteria why?

Ans. We had Only one fosfomycin resistant *E. coli* (confirmed by E-test) in this study, which was isolated from 73 Y/O in-patient female. For all of the 12 fosfomycin/tigecycline resistant isolates, in-patient or outpatient was determined.

Discussion:

7- Although the continuation of previous studies and their comparison with presented research work is the main purpose of discussion but this section also must pay attention to differences, differentiation or advantages between present study and preceding researches. For example in

following sentence we see that similar studies performed in somehow similar location, the reason of repeating such experiments has to be explained:

"In a study conducted in Tabriz and Urmia on UTIs, found MDR and ESBL producing isolates had susceptibility to fosfomycin (97.3%) (24)."

Ans. We extended the Discussion section. Thank you.

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: EIC | **Revision (1)** 25 Jul 2020

Dear Authors,
According to the associated editor report, your manuscript is accepted for publishing in JJM and send to the publisher for the next process.
Note:
Please add ORCID number into you and your collages account, then automatically appear in your published papers in JJM both in HTML and pdf.
Thanks.