**OPEN PEER REVIEW**

## Open Peer Review (OPR)

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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.

## Advantages of "Open Peer Review" process

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- 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

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Peer Review

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# Peer Review Report for "Effects of Tamoxifen as an Antifungal Agent against Oral Cavity Yeasts *In-Vitro* and in Breast Cancer Patients"

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**Review Timeline:**

| | |
|---|---|
| Submit Date: | 25 Mar 2020 |
| Revised Date: | 7 Mar 2021 |
| Accepted Date: | 9 Mar 2021 |

**Revision (0)**

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

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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.

## Comments for reviewers

| Reviewer No. | reviewer comments | Author reply | Page and line |
|---|---|---|---|
| **1** | *a) In last line of introduction, it deal about synergism of the TAM with other fungicidal drugs, but this study is not synergism study .That was also mentioned in discussion section* | Done | Page 2:line 48-50<br>Page 7: line 203-204 |
| | *a) The CLSI used is 2009 & 2008 , it is so old for research , it may be result from 2009 .* | Done | Page 3:line 77<br>Page 4: line 93<br>Page 10: 285-290 |
| | *b) How TAM was dissolved in media ?* | Done | Page 3: line 84 |
| | *c) The Microbial count standard is 0.5 McFarland that is equal to 0.5 * 108 cfu/ml and unity of one McFarland is 18 108 . it was consider as equal (section 3.3 –line 6)* | Done<br>Based on McFarland standard table:<br>0.5McFarland standard equal to $1.5\times10^8$ cfu/ml.<br>While;<br>1 McFarland equal to $3\times10^8$ cfu/ml. | Page 3: line 80-81<br>Page 4: line 95-96 |
| | *d) For detection MIC , although it measure with eye but it must be confirmed their turbidity because it may be related to other microorganisms.* | Visual detection is the basic method which is standard for microdilution method and if we consider contamination, even turbidity could not recognize a contamination state | |
| | *e) For evaluation in vitro based on CLSI 2020 , it need standard strain of C.albicanse or other spiecies under study.* | TAM is not regular or standard antimicrobial agent. Thus, we cannot find a fungal strain recommended to use by standard references and can used in our study | |
| | *- Are this study had ethical approval based on Declaration Helsinki?* | Done | Page 3:line 59-61 |
| | *a) The growth fungi 2 cfu/ml for C.albicans and C.ciferrii was omitted, why these isolates were grown at presence TAM? What is explanation for it?* | The reason was explained in discussion section | Page 6-7: line 177 until the discussion end |
| | *b) What is explanation for two species in TAM consumer , 6 sp. In without TAM and 3 ones in healthy one ?* | As TMX is not known as antifungal agent. Thus, antimicrobial explanation will be difficult in specific species, but in general there are many mechanism of actions as mentioned in the last paragraph of discussion | Page 8: line 215-225 |
| **2** | *The article with title "Effects of tamoxifen on periodontal disease and Candida albicans of patients with breast cancer and other pathologies. " (It comes in no.13 ref.list) has present results with some differences.* | Our design and results are mainly differed from reference by many essential points. Here is some:<br>1- in reference, study is cross section study, while our is case-control study<br>2- The fungus in references is only C. albicans, while in this study is six different species<br>3- MIC in reference determined by only inhibition in wells, while in our used two methods a disk diffusion and well inhibition<br>4- Patients groups in reference is completely difference from our | |

| | | | |
|---|---|---|---|
| | | 5- No yeast count in reference<br>6- Reference deals with disease (periodontal), while our in healthy oral persons | |
| | *what is the novelty of this article?* | In our study a new idea about the comparative *in vitro* and *in vivo* (patients) effects of TAM on normal oral flora. Comparative variation between TAM effects on different species of fungi (*in vitro* and *in vivo*) is another one | |
| | *- What procedures were modified or explained or what problem is solved?*<br><br>*Please describe the rational of the study* | The answer about any question in future for the effect of TAM on the balance of the fungal normal flora in oral cavity should be found in the results of this study.<br>The study could suggest that treated with TAM could be encouraged development of oral infections by other than fungi. | |
| | *Main objective should be clearer.* | Antifungal activity of TAM on oral yeast flora both *in vitro* and in patients with breast cancer was investigated. | Page 1: line 7-8 |
| | *In the introduction or discussion sections, please describe EC50 of tamoxifen against candida infections.* | Done in discussion section. We found only a reference for Leishmania. New reference also added | Page 7: line 196-199 |
| | *As known several factors may influence fungal colonization, that's didn't include in the manuscript.* | Already mentioned in discussion section | Page 6: line 169-176 |
| | *Does fungal decolonization not increase the risk of infection?* | Already explained in discussion | Page 7: line 193-195 |
| | *The discussion section better to be shorter and in the first paragraph discuss your main finding of your study.* | The discussion is almost shorter.<br>Discussion prefers to start with a short introducing about the drug, followed by explanation of results. | |
| | *Please discuss limitation and strength of the study*<br>*Regards,* | Already mentioned in last paragraph of discussion and in conclusion | Page 7: line 208-214<br>Page 8: 232-234 |

## OPEN PEER REVIEW

### Revision (1)

**OPEN PEER REVIEW**

**Revision (2)**

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**Reply to reviewers**

1- Q: [Please, mention Figure 3 in the text]

R: [Done, Page 5; Line 143]

2- Q: [Figures should be uploaded as separate files in the journal website].
R: [Done]

## OPEN PEER REVIEW

### Revision (2)