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://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

Journal of Skin and Stem Cell
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Peer Review Report for "The Frequency and Causes of Subepidermal Gaps or Blisters and the Compliance Rate Between Clinical Diagnosis and Pathology Reports from 2015 to 2019"

Author(s): Abbas Darjani, Hojat Eftekhari, Seyedeh Rojin Amini Rad, Narges Alizadeh, Rana Rafiee, Kaveh Gharaei Nejad

Review Timeline:

Submit Date: 26 Aug 2021
Revised Date: 17 Sep 2021
Accepted Date: 17 Sep 2021

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) 28 Aug 2021

Dear AE,
Thanks for submitting this manuscript. The paper needs more revisions.
1. The English text should be rewritten and needs extensive revision due to many grammatical and dictation errors.
2. One of the main diagnoses for specimens with subepidermal cleft turned out to be lichen pelanus, Do you mean lichen planus boullosa? Lichen planus pemphigoid ? both of them?.....It is not clear.
3. Introduction contains sentences without reference, such as “Skin disease involves a high referral rate to the outpatient hospital care and is more prevalent in the middle-aged subjects.”
4. Discussion part should be rewritten. Moreover, it contains a clear mistake about comparing the results of this study (the most frequent diagnosis for subepidermal cleft) with others (the most frequent diagnosis among all bullous autoimmune disorders)!!!!
5. The conclusion section does not meet the results in this study.
All together, I think this manuscript might be publishable only after an extensive revision.

Thanks.

REFEREE: Associate Editor | **Revision** (0) 28 Aug 2021

Dear EIC,

A major revision is needed.

Thanks.

REFEREE: EIC | **Revision** (0) 28 Aug 2021

Dear Authors,

A major revision is needed.

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.

With greetings and respects
Thank you for valuable comments by respected reviewers.
The responses to the comments are as follows:

1. The English text should be rewritten and needs extensive revision due to many grammatical and dictation errors.
   Response: That is modified.

2. One of the main diagnosis for specimens with subepidermal cleft turned out to be lichen pelanus, Do you mean lichen planus boullosa? Lichen planus pemphigoides ? both of them?.....It is not clear.
   Response: We made a clinical diagnosis based on pathology. For example, it is observed cleft in pathology report and Lichen planus in clinical diagnosis. Cleft reported in the pathology does not necessarily to see as the Lichen planus in clinical diagnosis. Many of the pathologies reported as subepidermal cleft did not have a cleft or blister in their clinical diagnosis, and we mean the classic Lichen planus, which was not necessarily diagnosed as a lichen planus or a lichen planus pemphigoid.

3. Introduction contains sentences without reference, such as “Skin disease involves a high referral rate to the outpatient hospital care and is more prevalent in the middle-aged subjects.”
   Response: That is modified.

4. Discussion part should be rewrited. Moreover, it contains a clear mistake about comparing the results of this study (the most frequent diagnosis for subepidermal cleft) with others (the most frequent diagnosis among all bullous autoimmune disorders)!!!!
   Response: That is modified.

5. The conclusion section does not meet the results in this study.
   Response: That is added.

Best Regards

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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)** 17 Sep 2021

Dear Authors,

The manuscript is acceptable now.

- Figure(1) is not mentioned in the text correctly. Please, mention all Figures in the text consecutively.

Thanks.