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

Multidisciplinary Cardiovascular Annals
Article DOI: 10.5812/mca.100194
Published in: Multidisciplinary Cardiovascular Annals: 11(2); e100194

Peer Review Report for "Study of the Relationship Between Mean Platelet Volume and LAD as a Culprit Vessel in NSTEMI"

Author(s): Ahmad Separham, Alireza Shahsavani, Ali Heidari Sarvestani

Review Timeline:

Submit Date: 17 Dec 2019
Revised Date: 2 May 2020
Accepted Date: 21 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) — 29 Dec 2019

Dear AE,
Please see attached file, Major revisions needed.
Thanks.

Ali Zahedmehr: Reviewer | **Revision** (0) — 7 Jan 2020

Dear AE,
- According to the literature mean platelet volume reference range is about 7.2- 11.2 fL. [Thromb Res. 2011 Oct;128(4):358-60. doi: 10.1016].
- In this paper the difference between LAD group MPVs and the other group MPV is minimal (10.22 vs 9.78) and negligible.
- The discussion part mentions two contradictory articles about this topic without explaining the different results.(Liu vs Misumida).
thanks.

Kamran Ghods: Reviewer | **Revision** (0) — 8 Jan 2020

Dear AE,

The third line of the abstract should be changed (Unlike STEMI, in NSTEMI the ECG is not able…..) and in the text, too. The analysis is well done, but ROC curve does not represent the result well and the level below the ROC curve should be better expressed for reader. It is better to be mentioned the other arm of study with second ROC curve (non LAD) to express the difference. Correct and arrange the date of referencing list from the now to past. It is better to define MPV practically. Plagiarism is not detected in the manuscript. Analysis method and Results of the manuscript is acceptable. It is also worth mentioning the limitations of the study .My decision about this manuscript is acceptance with few revision. Thanks.

REFEREE: Associate Editor | **Revision** (0) 11 Jan 2020

Dear EIC,
The manuscript should be re-evaluated after major revision according to the reviewers' comments.
Regards

Alireza Alizadeh Ghavidel: EIC | **Revision** (0) 11 Jan 2020

Dear Authors,
Thank you for submitting your interesting manuscript. I would like to inform you that according to our expert reviewers the article needs major revision. Please re-submit the revised manuscript within 2 weeks for final decision.
Warm 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.

Dear professor

Thanks for valuable comments. We revised our manuscript according to reviewers comments

Reviewer 1:
please see attached file
Major revisions needed
Reviewer 2:

1-The third line of the abstract should be changed (Unlike STEMI, in NSTEMI the ECG is not able…..)and in the text, too. We changed it

2-The analysis is well done, but ROC curve does not represent the result well and the level below the ROC curve should be better expressed for reader. It is better to be mentioned the other arm of study with second ROC curve (non LAD) to express the difference. According to the aim of study only LAD culprit group was analyzed.

3- Correct and arrange the date of referencing list from the now to past. The references arranged in discussion part according to your valuable comment

4-It is better to define MPV practically. .we defined as : In all patients 2 mL venous blood sample was taken from median cubital vein collected in tubes with EDTA. The sample was analyzed by an automated blood cell analyzer (ADVIA 2120; Siemens, Forchheim, Germany), estimating MPV during half anhour of sample collection.

5- Plagiarism is not detected in the manuscript. Analysis method and Results of the manuscript is acceptable. Thanks

6-It is also worth mentioning the limitations of the study .We defined it

My decision about this manuscript is acceptance with few revision.
Reviewer 3:
7-Dear associate editor, according to the literature mean platelet volume reference range is about 7.2-11.2 fL. [Thromb Res. 2011 Oct; 128(4):358-60. doi: 10.1016]
In this paper the difference between LAD group MPVs and the other group MPV is minimal (10.22 vs 9.78) and negligible. Thanks for your valuable comment. There was a mistake in typing digits in table 2. It was corrected.
8-The discussion part mentions two contradictory articles about this topic without explaining the different results.(Liu vs Misumida) We added and compared results of mensioned articles

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) — 7 Mar 2020

Dear AE,
The study is reviewed carefully. According to comments and revisions by the author, this manuscript is accepted.
Thanks

Ata Firouzi: Associate Editor | **Revision** (1) — 8 Apr 2020

Dear EIC,
There are some comments which should be addressed by the author:
1) The main question in this study is the criteria for finding culprit lesions. as the authors know it's impossible to find the culprit in at least 15% of them based on different studies.
2) it seems all the patients with NSTEMI had vessel disease, it showed that they should say about the definition of coronary artery disease.
3) it's better to assess MPV again in LAD and non LAD culprit by LVEF as they mentioned that there was discrepancy between this study and previous ones.
4) In table 2 their patient number is 349.
Thanks.

Alireza Alizadeh Ghavidel: EIC | **Revision** (1) — 11 Apr 2020

Dear Authors
Thank you for revising the manuscript, howerver I would like to inform you that the article needs more revision according to the associate editor comments.
Regards

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.

1)The main question in this study is the criteria for finding culprit lesions .as you know it's impossible to find culprit in at least 15% of them base of different studies. It was added to limitations of study

2)it seems all the patient with NSTEMI had vessel disease, it showed that you should say about your definition of coronary artery disease. It was defined in methods section

3) it's better to assess MPV again in LAD and non LAD culprit by LVEF as you mentioned that there was discrepancy between this study and previous ones. Re-assessment was done without changing in results. We didn't evaluate association between MPV and LVEF in this study. We assessed LVEF in LAD and non- LAD groups and its possible that LVEF be the same in two groups.

4) in table 2 your patient number is 349

Was corrected

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) 18 May 2020

Dear AE,
Due to the providing of the reviewer points and the correction of the manuscript as well as the improvement of writing the draft and conclusion, this manuscript is accepted and can be published.
Thanks.

REFEREE: Associate Editor | **Revision** (2) 21 Jun 2020

Dear EIC,
I saw the authors' corrections that they could do in this article and I think these changes are enough for accepting the article for publishing in this journal.
Thanks.

Alireza Alizadeh Ghavidel: EIC | **Revision** (2) 21 Jun 2020

Dear Authors
I would like to inform you that according to our expert reviewers' decision your manuscript is ready for publication.
Regards