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.108043
Published in: Multidisciplinary Cardiovascular Annals: 12(1); e108043

Peer Review Report for "Evaluation of Cardiopulmonary Resuscitation and Underlying Medical Conditions in Hospitalized Patients"

Author(s): Meisam Moezzi, Mostafa Alavi, Golshan Afshari, Nasrin Fatemi

Review Timeline:

Submit Date: 1 Aug 2020
Revised Date: 19 Sep 2020
Accepted Date: 21 Sep 2020

Revision (0)

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

Rasoul Azarfarin: Reviewer | **Revision** (0) 17 Aug 2020

Dear AE,
In this study, the authors evaluated the effect of underlying disorders on the outcome of CPR after cardiac arrest. the subject is interesting but there are some shortcomings that could be corrected.
- The manuscript needs English editing by an expert. Writing quality is poor!
- Did you studied out-of-hospital arrests or only in-hospital? please clarify.
- definition of survival after CPR is discharged from a hospital or 30 days after CPR While your definition in this study only limited to resume circulation after CPR and we did know about patients' outcomes during discharge from the hospital. please explain more.
- You report most common rhythm of cardiac arrest was Asystole (77%) and VT/VF was only seen in 12% of patients!!. this finding is not parallel with the literature that VT/VF is the most common form of cardiac arrest in adults. (for example, Modifiable Factors Associated With Improved Cardiac Arrest Survival in a Multicenter Basic Life Support/Defibrillation System: OPALS Study Phase I Results. Presented at the Society for Academic Emergency Medicine Annual Meeting, Washington DC, May 1997. panellan GStiellMD, MSc, FRCPC)
- You used Defibrillation only in 21% of CPRs while defibrillation is the cornerstone of ACLS!? Please explain.

Thanks.

REFEREE: Associate Editor | **Revision** (0) 29 Aug 2020

Dear EIC,
According to the reviewer's comments, the manuscript needs major revision.
Sincerely yours;

Alireza Alizadeh Ghavidel: EIC | **Revision** (0) 12 Sep 2020

Dear Authors,
Thank you for submitting your valuable manuscript. I would like to inform you that the article needs a major revision based on our expert reviewers' comments.
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.

Reviewer 1:

In this study authors evaluated the effect of underlying disorders on outcome of CPR after cardiac arrest. the subject is interesting but there are some shortcomings that could be corrected.

-**Q**:The manuscript needs English editing by an expert. Writing quality is poor!

R: This point is corrected in manuscript

- **Q**: Did you studied out-of- hospital arrests or only in-hospital? please clarify.

R: We evaluate only in Hospital CPR. This point is correct and highlighted in the manuscript

- **Q**: definition of survival after CPR is discharge from hospital or 30 days after CPR While your definition in this study only limited to resume circulation after CPR and we done know about patients outcome during discharge from hospital. please explain more.

R: According to the American Heart Association, when CPR causes the patient's heart rate to return spontaneously, it is called a successful CPR. Subjects describe well-to-do CPR with a return of spontaneous circulation (ROSC) after CPR and subject alive for 24h and longer. This point is correct and highlighted in the manuscript

- **Q**:You report most common rhythm of cardiac arrest was Asystole (77%) and VT/VF was only seen in 12% of patients!!. this finding is not parallel with literature that VT/VF is most common form of cardiac arrest in adults. (for example: Modifiable Factors Associated With Improved Cardiac Arrest Survival in a Multicenter Basic Life Support/Defibrillation System: OPALS Study Phase

I Results.Presented at the Society for Academic Emergency Medicine Annual Meeting, Washington DC, May 1997. panelIan GStiellMD, MSc, FRCPC)

R: Since the study is retrospective and based on pre-completed forms, change of many cases is beyond the scope of this work. Some of the questionnaires were not filled out, which was one of the critical limitations of our work.

- **Q**: You used Defibrillation only in 21% of CPRs while defibrillation is cornerstone of ACLS!?

Please explain

R: Reviewers mentioned a critical point. Since the present study is retrospective, this is not currently possible. This critical point will be considered in the future

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: Associate Editor | **Revision** (1) 20 Sep 2020

Dear EIC,
I read the author's answers to the reviewer, they corrected the requested items and the manuscript could be accepted in this step.
Sincerely yours;

REFEREE: EIC | **Revision** (1) 21 Sep 2020

Dear Authors,
Thank you for revising the manuscript. It is readey for publishing process.
Regards