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OPEN PEER REVIEW

Association Between Physical Examination, Doppler Ultrasound, and Histological Findings and Varicocele Diagnosis in Kidney Donors: A Cross-Sectional Study

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

2 comments · 10 Aug 2024 – 10 Aug 2024

Referee 1 Reviewer

MAJOR REVISION 10 Aug 2024

Dear E.I.C
The introduction provides a comprehensive overview of varicocele epidemiology, risk factors, diagnostic methods and implications for fertility. However, it does not sufficiently establish the clinical significance and knowledge gaps addressed.
The aims could be more focused on quantifying agreement between diagnostic methods and exploring discrepancies.
Methods lack details on sampling strategy, sample size calculation, definitions of ultrasound variables, and blinding of examiners. Informed consent and ethical approval could be more transparent.
Results would benefit from multivariate analysis to control for confounders. Stratification by grade and comparison of diagnostic accuracy between grades are lacking.
The discussion does not adequately contextualize findings within the study's limitations. Comparisons to prior studies are not systematic. Implications for clinical guidelines and future research directions could be strengthened.
Conclusions are appropriately cautious but do not propose concrete strategies to address discrepancies between diagnostic methods. Clinical significance and generalizability remain unclear.
Limitations underplay methodologic shortcomings. The cross-sectional design precludes inference of causality.
Overall, while addressing an important clinical question, the study has limitations that prevent overgeneralization. A more rigorous study design and analytic approach are needed. The conclusions do not provide clear guidance for clinicians. With revisions addressing these issues, the study could potentially be accepted in this journal after peer review.

Associate Editor

MAJOR REVISION 10 Aug 2024

Major Revision

2

Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Reviewer,

I hope this message finds you well.

I express my sincere gratitude for taking the time to review the paper. Your insightful comments have been invaluable, and I have carefully considered them all. I have made several revisions in response to your feedback, which have significantly strengthened the paper.
Below are the specific actions taken in response to your comments:

Introduction:

As you suggested, I have added information highlighting the clinical significance, knowledge gaps, and reformed aims at the end of the introduction.

Method:

-The sampling strategy and sample size calculation are included in the method's section on study design and participants.
-Definitions of ultrasound variables have been added in the data collection and assessment part of the method.
-The end of the data collection and assessment part, highlighted in yellow, addresses examiners' blinding.
-The ethical approval section has been reformed to provide more transparency.

Result:

I have made the necessary additions to the results section per your suggestion.

Discussion:

I have revised the discussion to better contextualize findings within limitations and make systematic comparisons to prior studies. Additionally, I have strengthened implications for clinical guidelines and future research directions.

Conclusion:

The conclusions have been cautiously revised to propose concrete strategies to address discrepancies between diagnostic methods. I have also worked on clarifying the clinical significance and generalizability of the study.

Limitation:

The limitation part has been reformed and rewritten to address methodologic shortcomings and acknowledge the cross-sectional design's limitations.

Once again, I appreciate your time and thorough review of the paper. I am confident that the revisions have addressed the concerns raised, and I look forward to the opportunity for further discussion.

Best Regards,

2 Revision 1

1 comment · 18 Aug 2024

Associate Editor

ACCEPT 18 Aug 2024

Accept