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OPEN PEER REVIEW

Evaluating the Compatibility of Treatment Protocol for Intravesical Non-muscle Invasive Bladder Cancer with the National Clinical Guideline at Urmia Imam Khomeini Hospital

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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

1 comment · 15 Dec 2024

Associate Editor

MAJOR REVISION 15 Dec 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 Editor,

First, we would like to express our appreciation to the editor and the reviewers for their considerate review of our manuscript. Their thoughtful guidance and suggestions posed important issues and were supportive for improving the manuscript in the second round. We agree with almost all the reviewers' comments and we have revised our manuscript accordingly by highlighting the revisions/modifications in blue. Besides, we proofread and edited it. In the revision process, we have incorporated our thorough effort to address each of the reviewers' comments and points.

Reviewer 1:

1-Elaborate on the study design, such as the inclusion and exclusion criteria for the 134 patients. How were hospitals selected, and was sampling randomized or comprehensive?

Reply: Thank you for this comment. The explanation of inclusion and exclusion criteria were elaborated and highlighted in the Method section of the manuscript.

2-Specify the clinical guidelines used for comparison (e.g., EAU, AUA, or NCCN guidelines). Provide a brief mention of the year or version to give readers context.

Reply: This comment was answered in the method section and was highlighted.

3-Clearly define the criteria used to assess "good," "intermediate," and "poor" compliance with guidelines. This categorization should be described in the abstract or methods.

Reply: the definition about the scoring and evaluating the guideline was clearly defined in the method section that we highlighted them to be specified. In the abstract section due to word limitation these explanation was not added. Moreover, a Table with AUA guidelines explanation about Risk levels was added to the method section.

4-Include the types of statistical tests performed to analyze adherence and their significance thresholds. This would enhance the rigor of the results section.

Reply: Thank you for this comment. Yes the names of statistical tests were not mentioned in the method section which they were added and highlighted.

5-Since 79.17% of patients were male, consider discussing whether gender differences influenced adherence rates or treatment outcomes.

Reply: In this study we did not compare the genders according to the treatment results because gender differences was not this study' aim.

6-Expand the conclusion to discuss potential reasons for poor compliance, such as resource limitations or training gaps, and propose actionable recommendations for improvement.

Reply: These points were concluded by according to reviewers opinions some more were added to the conclusion section and highlighted.

8- Correct grammatical issues throughout the text.

Reply: The whole text was edited grammatically.

9-Define acronyms like TURBT (transurethral resection of bladder tumor) and BCG (Bacillus Calmette-Guérin) on their first mention.

Reply: These acronyms were written completely in the first mention. They were highlighted in the text. In the Introduction section.

9-What specific examples of new biomarkers could be included to improve the text? Including the current understanding of the essential prognostic factors, such as small and long noncoding RNAs and detailed inflammatory and apoptosis pathways can provide a more complete understanding of the role of non-coding RNAs. PMIDs: 38258785, 37546393, 37414973, 38341592, 38991456, 38692125, and so on.

Reply: This study was not an interventional study that we considered new biomarkers effects and these biomarkers was not the purpose of study.

10-Ensure consistent reporting of percentages (e.g., specify whether 79.17% male refers to the entire cohort or just those assessed for specific interventions).

Reply: As indicated in the first line of result section the reporting male percent was for whole population. Of the 134 participants with a mean age of 65.0 ± 11.5 years, 106 (79.1%) were male.

11-Consider breaking up the abstract into sections (Background, Methods, Results, Conclusion) for better readability and logical flow.

Reply: It I clearly indetified that the abstract section was clearly structured.

12-Provide details on whether all patients received both chemotherapy and BCG or if treatment depended on risk stratification.

Reply: Risk classification is based on tumor characteristics, with low-risk, intermediate-risk, and high-risk tumors receiving different treatment according to guidelines which were specified and categorized in the text.

13-Briefly compare the adherence rates to those reported in other regions or countries, if possible, to provide broader context.

Reply: In the discussion section, The second and third paragraph specifically discuss about the adherence rates to the guidelines in other countries. We highlighted them to be noticed.

2 Revision 1

1 comment · 2 Jan 2025

Associate Editor

ACCEPT 2 Jan 2025

Accept