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
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- 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://brieflands.com/briefland/knowledgebase/category/tree.html#opr.html

Shiraz E-Medical Journal
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Peer Review Report for "Investigation of Primary Ciliary Dyskinesia in Children with Bronchiectasis in Iran"

Author(s): Sohila Alyasin, Behjat Maneshian, Shadi Niliyeh

Review Timeline:

Submit Date: 4 May 2020
Revised Date: 3 Sep 2020
Accepted Date: 4 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.

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

Dear EIC,
In the article, the authors did not specify how it is proved that these patients are PCD and have been checked by No and Saccharin tests. NO testing is not a specific test and can be positive in diseases caused by asthma and eosinophilia, which causes bronchiectasis. This disease should be proven by another method such as electron microscopy, and then NO and saccharin should be checked for them and compared.
Thanks

REFEREE: EIC | **Revision** (0) 12 Jul 2020

Dear Author,
The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.
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.

In the name of God

Shiraz University of Medical Sciences

Department of Pediatrics

Answers to Associate Editor's comments:

First of all, we thank the respected associate editor for his/her valuable comments. Three points are proposed in the comments. We deal with them one by one.

Comment 1: "In the article the authors did not specify how it is proved that these patients are PCD and have been checked by NO and saccharin tests".

Answer: It must be explained that all 7-18 years old patients who were assessed for the diagnosis of PCD in this study, had bronchiectasis and met one of the following criteria: Complete or incomplete situs inversus or presence of a first-degree family member with a documented diagnosis of PCD. 13 patients had dextrocardia and bronchiectasis (Kartagener's syndrome) that PCD is definite diagnosis. Other 18 patients also had bronchiectasis and were first degree of the previous 13 patients. So, these patients' diagnosis is PCD. Due to excluding criteria and ruling other diagnosis out, these 18 patients were mentioned as bronchiectasis without known causes.

This point is edited in the sampling in materials and methods part of the new version of the manuscript.

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Comment 2: "NO testing is not a specific test and can be positive in diseases caused by asthma and eosinophilia, which caused bronchiectasis".

Answer: Thanks for the comment. It must be explained that all patients in this study were less than 18 years old and asthma rarely leads to bronchiectasis under 18 years of age (1). So, the possibility of high NO test because of asthma in these patients with bronchiectasis is very rare. Also, eosinophilic pneumonia is rare in

both acute and chronic forms in children (below 18 years old) (2) and is not relevant at this age range.

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Comment 3: “This disease should be proven by another method such as electron microscopy, and then NO and saccharin should be checked for them and compared”.

Answer: As explained in the article and due to mentioned reference in the article (6), the diagnosis of PCD has always been one of the challenging issues that mostly made through screening tests including saccharin test and measurement of exhaled and nasal nitric oxide (NO) level, transmission electron microscopy (TEM), high speed video microscopy (HSVM) and genetic studies. Although TEM, HSVM and genetic studies are more accurate for diagnosis of PCD, based on our research from several centers in Iran, we faced several problems such as lack of equipment for TEM and HSVM, lack of experienced personnel for diagnosis of PCD by TEM and HSVM, high cost for importing equipment and high cost and unavailability of genetic studies. On the other hand, it is worth considering that despite the fact that bronchiectasis in children are not rare, there are not any available screening and more accurate diagnostic tests for these patients in Iran. Therefore, we decided to investigate PCD in children with bronchiectasis by performing two screening tests, NO and saccharin, to provide the ground for making two screening tests available, further studies on PCD by performing more accurate tests and convincing the authorities to allocate funds for the diagnosis of PCD.

This point is edited in the introduction and discussion parts of the new version of the manuscript.

References:

1- Rama M, Yousef E. Bronchiectasis and chronic asthma: how common in pediatrics?. Allergy Ashma Proc. 2006;27(4):354-8.

2- Giovannini-Chami L, Hadchouel A, Nathan N, Bremont F, Dubus J, Fayon M, et al. Idiopathic eosinophilic pneumonia in children: the French experience. Orphaned Journal of Rare Diseases. 2014, 9:28.

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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: Associate Editor | **Revision** (1) 12 Aug 2020

Dear EIC,
Despite of proper sampling and exclusion of other diseases, the diagnosis of cartagener is not definite for the patients. However, the article is acceptable if the authors point to this as a limitation in the body of the manuscript.
Thanks

REFEREE: EIC | **Revision** (1) 14 Aug 2020

Dear Authors,
The article needs English editing. Abstract needs revision , The limitations should be highlighted specially in the conclusion.
Thanks

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.

In the name of God

Shiraz University of Medical Sciences

Department of Pediatrics

Answers to reviewer's comments:

First of all, we thank the respected EIC and associate editor for their valuable comments. Three points are proposed in the comments. We deal with them one by one.

Comment 1: "Despite of proper sampling and exclusion of other diseases, the diagnosis of cartagener is not definite for the patients. However, the article is acceptable if the authors point to this as limitation in the body of the manuscript".

Answer: It must be explained that patients who were assessed for the diagnosis of PCD in this study, had bronchiectasis and met one of the following criteria: Complete or incomplete situs inversus or presence of a first-degree family member with a documented diagnosis of PCD. 13 patients had dextrocardia and bronchiectasis that the probability of diagnosis of Kartagener's syndrome is very high, but we did not have definite diagnosis of Kartagener's syndrome. So, we explain that the diagnosis of Kartagener's syndrome is the most probable diagnosis.

This point is edited in the results and discussion parts of the new version of the manuscript.

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Comment 2: "The article need English editing".

Answer: Thanks for the comment. The article has been edited in English by Research Consultation Center of Shiraz University of Medical Sciences.

The edits in the text of the article have been highlighted.

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Comment 3: “Abstract needs revision; the limitation should be highlighted specially in conclusion”.

Answer: Thanks for the comment. We have revised the conclusion part of abstract and explained the limitations for more accurate diagnosis of PCD.

This point is edited in the conclusion and abstract of the new version of the manuscript.

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: EIC | **Revision** (2) 4 Sep 2020

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.