OPEN PEER REVIEW

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Advantages of "Open Peer Review" process

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You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

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Peer Review Report for "Clinical and Polysomnographic Characteristics of Patients with Extreme Obstructive Sleep Apnea, AHI > 100: A Case-Control Study"

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Review Timeline:

Submit Date: 20 Sep 2020
Revised Date: 21 Nov 2020
Accepted Date: 28 Nov 2020

Revision (0)

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

mahnaz amini: Reviewer | **Revision** (0)

6 Nov 2020

Dear AE,
Many thanks for sending this peer review to me. Here are my comments on article number 109587:
1- The AASM scoring manual is revised every few years. So, dear authors are kindly recommended to notify which AASM version(s) had been used for scoring.
As you know scoring one single polysomnograph with different versions of AASM usually results in different AHIs which can shift those with borderline AHIs to the other (case or control) group.
2- The number of total participants included in the study is not the same in “abstract” and “methods” (121 and 114 patients). Please verify which number is the right one.
3- There is no data on which kind of “polysomnography” has been used? full night or split night study?
As there are some results on CPAP, it seems that sleep studies used in this article are “split-night”. If so, please notify the mean duration of the diagnostic part (if available). As it could affect AHI results especially in those with short durations of the diagnostic part (which is usually the case in severe OSA subjects).

4- Although mean BMI in both groups had been lying in the “obesity” range, there is no data on the percentage of subjects diagnosed with OHS (or data on patients’ daytime hypercapnia).
If these data are available it would be very precious to indicate them. Otherwise, if OHS subjects were excluded from the study please state.
5- Significantly higher BMI in the “extreme OSA” group could actually be the cause (not the effect) of higher AHI. This point is noted by the authors [lines 119-121]), but the statement is not clear enough to affirm it.
Please rewrite the sentence or paragraph to clarify it more.
6- The word “BIPAP” [line 105] is better be replaced with either “Bilevel PAP” or “BPAP”.
7- In the case of reporting the results on the nonsignificant difference between BPAP and CPAP outcome, the percentage of “optimal titration pressure” would be important.
As most of the subjects in this study probably suffer from long-standing and severe OSA, “optimal pressure” achievement in one single split night seems to be really difficult.
Please mention which percentage of titrations lead to “optimal pressure” or if the data is not available please notify.
8- Along with data on cAHI, it is recommended to repeat data on “total” AHI (minimum, maximum, and mean) in table-2.
9- As recent literature reports showed a higher incidence of OSA in the general population (much higher than 6%) it would be better to change reference number 1 with a newer one.
Otherwise, I appreciate authors for their well-organized and very well-written work.
Thanks.

Samrad Mehrabi: Associate Editor | **Revision** (0) 7 Nov 2020

Dear EIC,
I am writing to inform you that the manuscript "Clinical and polysomnographic characteristics of patients with extreme obstructive sleep apnea (AHI>100): A case-control study: needs revision as suggested by the reviewer to be considered for publication.
Thanks.

REFEREE: EIC | **Revision** (0) 8 Nov 2020

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs minor revision. Please follow their comments as requested.
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.

Dear editors

Thank you for giving us the opportunity to revise our manuscript

1. **Which AASM version(s) had been used for scoring?**

We used AASM sleep scoring manual version 2.6

2. **Number of total participants included in the study is not the same in "abstract" and "methods" (121 and 114 patients). Please verify which number is the right one?**

Thanks for your valuable comments. 114 is correct and edit in the article

3. **There is no data on which kind of "polysomnography" has been used? full night or split night study?**

Split night polysomnography was done in all of the patients. (due to severity of sleep apnea)

4. **Although mean BMI in both groups had been lied in the "obesity" range, there is no data on percentage of subjects diagnosed as OHS (or data on patients' daytime hypercapnia). If these data are available it would be very precious to indicate them. Otherwise if OHS subjects were excluded from the study please state**

Thanks for your valuable comment. We analyzed our data again and prevalence of OHS in both groups were evaluated and inserted in the article and table. Table 1

5. **Significantly higher BMI in "extreme OSA" group could actually be the cause (not the effect) of higher AHI. This point is noted by the authors [lines 119-121]), but the statement is not clear enough to affirm it. Please rewrite the sentence or paragraph to clarify it more**

We rewrite the sentence

6**. The word "BIPAP" [line 105] is better to be replaced with either "Bilevel PAP" or "BPAP".**

Bilevel PAP is replaced

7. **Please mention which percentage of titrations lead to "optimal pressure" or if the data is not available please notify.**

Optimal pressured was determined for all of the patients, although in small number of patients we had to repeat titration test in the second night.

We also evaluate BIPAP and CPAP response in both groups that was reported in the results.

8. **Along with data on cAHI, it is recommended to repeat data on "total" AHI (minimum, maximum and mean) in table-2.**

We insert these measurements to our article. Table 2

9. **As recent literature reports showed higher incidence of OSA in general population (much higher than 6%) it would be better to change reference number 1 with a newer one.**

This sentence is replaced from a new study:

Obstructive sleep apnea (OSA) is a common breathing disorder among individuals and its prevalence ranged from 0.1% to 13%

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Revision (1)

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Samrad Mehrabi: Associate Editor | **Revision** (1) 27 Nov 2020

Dear EIC,
After updating the article according to the reviewer comments it will be suitable for publication.
Thanks.

REFEREE: EIC | **Revision** (1) 28 Nov 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.