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OPEN PEER REVIEW

Placental Size and Uterine Artery Doppler for Prediction of Adverse Pregnancy Outcomes in Women with Low Pregnancy-Associated Plasma Protein-A

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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

4 comments · 17 Nov 2021 – 15 Dec 2021

shaghayegh moradi Reviewer

MAJOR REVISION 17 Nov 2021

Some editing of the English is needed. In Table 1, < 10 was written as 1cm.
The most important point is that most of the references are from before 2011, and you should explain what is new in your research compared with other studies.

Referee 1 Reviewer

MAJOR REVISION 21 Nov 2021

1- It is stated in the text that the patients had low PAppA and normal chromosomes. Was fetal karyotyping performed for 80 patients? If karyotyping was performed, what was the indication? The screening results for 80 patients have not been reported in the study. It is better to include the screening results in the tables.
2- It is better to write the length of the placenta instead of the size of the placenta.
3- In the introduction section, it is stated that a mean uterine artery value <1.45 is not normal. It should state that it is >1.45.
4- In the method section, it is stated that Aminosynthesis was performed for suspected individuals. What is the age range of the suspected individuals?
5- In the method section, it is stated that individuals with restricted growth were those with abnormal Doppler findings; however, individuals with a weight percentage below 3% were not considered part of this group. Also, the relationship between placenta size and IUGR of different severities, as well as the stages of IUGR, should be identified.
6- In the method section, it is stated that placental abnormalities such as eczema and umbilical cord disorders have not been considered; however, these factors can affect the size of the placenta and, as a result, should be excluded from the study.
7- In table 1, the size of the placenta is given as <1. It is <10.
8- Sensitivity, specificity, PPV, and NPP have been assessed for IUGR. These were not examined for the outcomes.
9- The relationship between Heparin and the size of the placenta has been examined in the study; however, Heparin was used in high-risk individuals, and this risk factor is a confounder, like autoimmune disease. Therefore, investigating the relationship is not correct.
10- In the discussion section, the statement about 80 patients with abnormal Doppler findings should be modified because 80 patients did not have abnormal Doppler findings.
11- The relationship between abnormal umbilical, MCA, and Dactus Doppler findings and the size of the placenta.
12- In the discussion section, it is stated that uterine artery PI had no value for the diagnosis of low PAppA. It should state that, in patients with low PAppA, uterine artery PI had no relationship with the placenta.

Associate Editor

MAJOR REVISION 13 Dec 2021

Major

Editor-in-Chief MAJOR REVISION 15 Dec 2021

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.

Manuscript ID: 120716

Response to Reviewers

Dear editor-in-chief of Shiraz E-Medical Journal,

Thank you for giving us the opportunity to submit a revised draft of the manuscript “Placental size and Uterine Artery Doppler for prediction of adverse pregnancy outcomes in women with low pregnancy-associated plasma protein-A” for publication in the Shiraz E-Medical Journal. We appreciate the time and effort that you and the reviewers dedicated to providing feedback on our manuscript and are grateful for the insightful comments on and valuable improvements to our paper. We have incorporated most of the suggestions made by the reviewers. Those changes are highlighted within the manuscript. Please see below, for a point-by-point response to the reviewers’ comments and concerns.

Reviewers' Comments to the Authors:

Reviewer 1

1. It has been written in the text the patients with low Papp-A and normal chromosome. Has the fetal karyotyping been checked for 80 patients? If the karyotyping has been checked, what is the indication? The results of screening of 80 patients have not been defined in the study. It is better to insert the results of the screening in the tables.

Author response: Thank you for pointing this item out. Not all of these 80 karyotype cases were checked, but in cases where the screening results were high risk, the karyotype was checked and aneuploidy cases were excluded. The number of initial cases was more than 80, among which abortion and aneuploidy were excluded from the study, which is mentioned in the text of the article.

2. It is better to write the length of Placenta instead of the size of Placenta

Author response: Thank you for pointing this out. As suggested by the reviewer, and we have changed the size of the fetal placenta to the length of the fetal placenta in the text of the article. The revised text reads as follows on [Placenta length].

3. In the introduction section, it has been written that mean uterine artery <1.45 is not normal. It should be written it is >1.45.

Author response: Thank you for pointing this out. The reviewer is correct; we have changed it in the text of the article [uterine artery more than 1.45 is abnormal].

4. In the method section, it has been written that amino synthesis has been done for suspected individuals. What is the age range of the suspected individuals?

Author response: We agree with the reviewer's assessment. Accordingly, throughout the manuscript, we have revised [Amniocentesis was performed in cases with the results of the high-risk first screening test, which included a set of maternal age over 35 years, increased NT and abnormal PAPP-A and BHCG].

5. In the method section, it has been written that persons with restricted growth were the persons with abnormal Doppler; however, the individuals with weight percent below 3% were not considered in this group. Also, the relationship between the Placenta size and IUGR with different intensities and also the stages of IUGR should be identified.

Author response: While we appreciate the reviewer's feedback, in this study, we considered a weight percent below 10% for IUGR, and our treatment plan for all IUGR cases was according to RCOG guideline, Umbilical artery (UA) Doppler and Fetal middle cerebral arterial (MCA) Doppler were performed for all IUGR cases during the patient's pregnancy visits. This phrase also corrected in the method section, While UtA-Doppler and placenta size were evaluated for all 80 patients.

Also we did not investigate the relationship between the Placenta size and IUGR with different intensities and also the stages of IUGR in this study.

6. In the method section, it has been written the placental abnormalities such as eczema and umbilical cord disorders have not been considered; however, these factors can be affected the size of Placenta and as a result should be excluded from the study.

Author response: While we appreciate the reviewer's feedback, in this study no umbilical cord defects were found. This phrase also corrected in the method section. In this study, we did not consider the location of the umbilical cord connection to the placenta; we only consider the shape and connection mode of umbilical cord to the placenta.

7. In table 1, the size of Placenta has been written <1. It is <10.

Author response: Thank you for pointing this out. The reviewer is correct; we have changed it in the table 1, [placenta size <10].

8. Sensitivity, spesivity, ppv, npp have been checked for IUGR. These were not examined for the outcomes.

Author response: We think this is an excellent suggestion. We calculated Sensitivity, Specificity, PPV, NPP for preterm labor and preeclampsia too.

9. The relationship between Heparin and the size of Placenta has been checked in the study; however, Heparin has been used in high-risk persons and this risk factor is a confounder like the autoimmune disease. So, investigating the relationship is not correct.

Author response: Thank you for pointing this out, but the relationship between heparin and placental size was not studied in this study, but because they were patients who were treated with heparin and were included in the study, they were also mentioned in the general statistics.

10. In the discussion section, 80 patients with abnormal Doppler should be modified because 80 patients did not have abnormal Doppler.

Author response: We agree with the reviewer's opinion. In the discussion section, corrections were made. [80 patient with low PAPP-A]

11. The relationship between abnormal Doppler umblical, mca and Dactus with the size of Placenta.

Author response: While we appreciate the reviewer's feedback, investigating the relationship between abnormal umblical, MCA and Dactus Doppler with the size of Placenta was not the aim of this study.

12. In the discussion section, it has been written that uterine artery PI did not have vale for the diagnosis of low PAPP-A. It should be written that in the patients with low PAPP-A, uterine artery PI did not have relationship with Placenta.

Author response: While we appreciate the reviewer's feedback; because cases with low PAPP-A in this study did not necessarily had abnormal Doppler, therefore patients with low PAPP-A do not necessarily need to have UtA-Doppler measurements.

Reviewer 2

1. Some edit in English is need, table 1< 10 was written 1cm.

Author response: Thank you for pointing this out. The reviewer is correct; we have changed it in the table 1, [placenta size <10].

2. the most important is that the most of references are before 2011 and you should say what is new in your research in differentiation with others?

Author response: we appreciate the reviewer's feedback, we update references. The most important result of this study was that patient with low PAPP-A do not necessarily need to measure UtA-Doppler because in many cases where PAPP-A was low with poor pregnancy outcome, UtA-Doppler was normal. Conversely, placental size was valuable in predicting the poor pregnancy outcomes in patients with low PAPP-A.

2 Revision 1

0 comments

No public comments in this round.