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OPEN PEER REVIEW

An Epidemiology Study and Risk of Subsequent Basal Cell Carcinoma, A 5-year Retrospective Investigation

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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 · 1 Nov 2022 – 27 Nov 2022

Referee 1 Reviewer

MAJOR REVISION 1 Nov 2022

Dear Editor/ Dear authors
1- The year (time period) and place of the study should be mentioned in the abstract.
2- The methods section of the abstract is unclear.
3- The mean (SD) or median (IQR) of the patients' ages should be presented in the abstract.
4- The related p-values should be reported in the results section of the abstract.
5- The conclusion in the abstract is unsuitable.
6- The keywords should match the MeSH terms in PubMed.
7- The introduction should be paraphrased because it is currently full of short sentences.
8- The aim of the study should be mentioned in the last paragraph of the introduction.
9- The introduction is not appropriate because the authors did not focus on the study variables.
10- The methods section should be divided into subsections with subheadings.
11- Please mention the method or formula used to estimate the sample size.
12- The inclusion criteria should be clarified in the methods section.
13- "All patients were investigated in two to four years after operation": Investigated or followed up?
14- Please mention the company that produces SPSS.
15- Please omit the excess information from the results section and report it in an appropriate table.
16- It seems that some p-values in table 2 are wrong. P-value = 1?
17- What do you mean by "the organophorous material"? How did you explain it to the patients?
18- The odds ratio should be reported for the risk factors.
19- The first paragraph of the discussion should present a summary of your study results.
20- Some parts of the discussion repeat your results.
21- The stated limitations of this study are not sufficient.
22- The manuscript needs extensive English editing.

Referee 2 Reviewer

MINOR REVISION 27 Nov 2022

Dear editor
The study is well conducted and well written.
However,
the authors did not clarify the procedure used to remove the first BCC. If all of them were surgically excised, were the surgical margins free of tumor?
Also, the subsequent risk of BCC is not clear. Was it at the previous BCC site or at a new location?
And in each patient with subsequent BCC, how many years after the first BCC did the second BCC appear?

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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.

Associate Editor 1:
The manuscripts discusses the risk factors of basal cell carcinoma (BCC), as the most common type of skin cancer.
Please consider the reviewer's comments (below). Also, the two groups and sun exposure need to be defined in methods. It is strongly recommended to determine the relation between BCC subtype and risk of subsequent lesion.

RESPONSE-We added Table 4 for Comparison of subsequent lesions according to BCC subtype
Reviewer 1:

1- The year (time duration) and place of the study should be mentioned in the abstract.

RESPONSE: We added the year and place of the study in abstract.
2- The method section of the abstract is unclear.

RESPONSE: We corrected.

3- The mean (SD) or median (IQR) of the patients' age should be present in the abstract.

RESPONSE: We corrected.
4- The related p-values should be reported in the result part of the abstract.

RESPONSE-We added p value in result section.
5- The written conclusion in the abstract is unsuitable.

RESPONSE: We corrected
6- The keywords should be matched with the MeSH of PubMed

RESPONSE: We corrected

7- The introduction should be paraphrased because now it is full of short sentences.

RESPONSE: We corrected
8- The aim of the study should be mentioned in the last paragraph of the introduction

RESPONSE: We explained that

9- The introduction is not appropriate because the authors missed focusing on the variables of the study.

RESPONSE: Few studies were done about subsequent BCC.
10- The method section should be divided into some subheading.

RESPONSE: We corrected
11- Please mention the way or formula to estimate the sample size criteria.

RESPONSE: All of patients who visited educational hospitals from 2015 to 2017 and were diagnosed with cancer and met the inclusion criteria were included in the study by census method, and the sample size was not calculated.

12- The inclusion criteria should be clarified in method section.

RESPONSE: We corrected

13- "All patients were investigated in two to four years after operation": Investigated or follow-up

RESPONSE: We investigated them

14- Please mention the company of SPSS.

RESPONSE: SPSS version 16 is used.

15- Please omit the excess information in the result section and report them via an appropriate table.

RESPONSE: We added Table 1 to describe the demographic and clinical characteristics of the patients and removed additional information

16- It seems that some p-values in table 2 are wrong. P-value = 1??????!!!!!

RESPONSE: We corrected

17- What do you mean "the organophorous material"? How did you explain it to the patients?

RESPONSE: We explained in the method part

18- The odds ratio should be reported for the risk factors.

RESPONSE: We added odds ratio and confidence intervals for the risk factors.

19- First paragraph of the discussion should present a brief of your study results.

RESPONSE: We corrected

20- Some of the discussion parts are a copy (repeat) of your result.

RESPONSE: We corrected

21- The mentioned limitations of this study are not enough.

RESPONSE: We corrected

22- The manuscript needs an extensive English editing.

RESPONSE: It is done

Reviewer 2:

The study is well conducted and well written. But, the authors did not clarify the procedure that was done to remove first BCC, if all of them were surgically excised, were the surgical margins free of tumor? Also subsequent risk of BCC is not clear, Was it at the previous BCC site? Or new location? And in each patient with subsequent BCC, how many years after the first BCC, did the second BCC appear?

Associate Editor 2:

1. Please report exact P-values both in the abstract and body.

RESPONSE-We added p value in result section.

2. Please report 95% confidence interval of 10.6%.

RESPONSE: We added confidence interval of 10.6% (4.06-17.4)

3. Avoid repeating the findings in the conclusion.

RESPONSE: It is done

4. The current study is not a cross sectional study.

RESPONSE: In this study all of patients who visited educational hospitals from 2015 to 2017 and were diagnosed with cancer and met the inclusion criteria were included in the study by census method. Risk factors were examined for all cases and compared based on subgroups

5. The exclusion criteria is not true.

RESPONSE: We corrected

6. I didn't find any information about the sample size calculation.

RESPONSE :In this study all of patients who visited educational hospitals from 2015 to 2017 and were diagnosed with cancer and met the inclusion criteria were included in the study by census method, and the sample size was not calculated

7. Please revise "statically meaningful".

RESPONSE: We corrected

8. In Table 1, include the other variables in the row.

RESPONSE :In table1 BCC location has been compared according gender of patients. We modified the title of the table

9. P-value=1 is not true. Report as >0.99

RESPONSE: We corrected

10. Remove "with chi square=XX" from the text.

RESPONSE: We corrected

2 Revision 1

1 comment · 26 Feb 2023

Associate Editor

ACCEPT 26 Feb 2023

Dear Editor
The authors addressed most of the reviewers' comments, and the manuscript could be accepted for publication.
Sincerely

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Revision 2

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.

Associate Editor 1:
1. Please report a 95% confidence interval of 10.6%.

RESPONSE: We added the confidence interval in the abstract and results.
2. I didn't find any information about the sample size calculation.

RESPONSE: All of patients who visited educational hospitals from 2015 to 2017 and were diagnosed with cancer and met the inclusion criteria were included in the study by census method, and the sample size was not calculated
Associate Editor 2:
Dear Editor
The authors applied the most number of reviewres' comments and it could be accepted to publish.
Sincerely

3 Revision 2

0 comments

No public comments in this round.