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
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- 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://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

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# Peer Review Report for "Radiological Findings in Patients with H1N1: A Report from the Referral Center of Northwest of Iran"

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## Review Timeline:

Submit Date: 7 Aug 2019
Revised Date: 22 Sep 2019
Accepted Date: 29 Sep 2019

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)

2 Sep 2019

Dear EIC,
1- Introduction and discussion are inappropriately lengthy and not relevant eg. It is not necessary to focus on the detail of virology or clinical symptom
2- There is a discrepancy between the total number of patient (the total number was stated 57 but the sum of patient underwent chest radiography and CT is 53)
3- Demographic data of patients are needed to be summarized in a simple table.
4- The flowchart of the study not representative and grouping and sub-grouping is not correct. Also, there is a wording error: heart was written heath
5- “Besides radiological studies, persistent oxygen saturation tests were conducted on the patients …” till the start of discussion is not relevant.
6- Regarding the manuscript, all patients was undergone chest CT even when chest x-ray was normal. What are indications of chest CT in this patient? It may be an ethical problem.
7- Which chest x-ray of the patient was analyzed? First or other …
8- Which specialty had interpreted the imaging? Pulmonologist or radiologist?
Thanks.

**REFEREE**: EIC | **Revision** (**0**) 3 Sep 2019

Dear Author,

The manuscript needs major revision. It is recommended the manuscript to be revised to a letter to the editor considering the points raised by AE.

Thanks.

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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 EIC of Shiraz E-Medical Journal

On behalf of all of the authors, I would like to thank you for reconsidering our manuscript.

We have implemented the necessary changes mentioned, and we hope that the manuscript will be acceptable in its current format

Response to comment number 1:

“1- Introduction and discussion is inappropriately lengthy and not relevant eg. It is not necessary to focus on detail of virology or clinical symptom”

Response: The unnecessary sections, including 3 paragraphs of the discussion section and 2 paragraphs of the introduction section were deleted.

Response to comment number 2:

“2- There is discrepancy between total number of patient (total number was stated 57 but sum of patient underwent chest radiography and CT is 53)”

Response: The total number of patients was 53 and the number 57 in the figure was a type setting mistake

Response to comment number 3:

“3- Demographic data of patients is needed to be summarized in a simple table.”

Response: The demographic data were delelted from the main text and a new table was added.

Response to comment number 4:

“4- The flowchart of study not representative and grouping and sub-grouping is not correct. Also there is wording error: heart was written heath”

Response: The errors were corrected

Response to comment number 5:

5- “Besides radiological studies, persistent oxygen saturation tests were conducted on the patients …” till start of discussion is not relevant. “

Response: This section of the article was deleted.

Response to comment number 6:

“6- Regarding manuscript, all patient was undergone chest CT even when chest x ray was normal. What are indication of chest CT in this patient. It may be ethical problem.”

Response: It was mentioned in the article that the patients underwent imaging, especially CT imaging based on clinical signs and symptoms and based on a consultation with an infectious disease specialist, so no patient underwent CT scan solely because of being included in the study. more so, imaging indications were set according to “ Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases, 9$^{th}$ edition – chapter 165 ( Influenza Viruses, Including Avian Influenza and Swine Influenza ) – Page 2424 ( one set volume – E-edition). It is noteworthy to mention that this project was previously approved by the local ethics committee, in Tabriz University of Medical sciences.

Response to comment number 7:

“7- Which chest x ray of patient was analyzed? First or other …”

Response: It was mentioned that the first X-ray obtained during admission was used.

Response to comment number 8:

8- Which specialty had interpreted the imaging? Pulmonologist or radiologist?

Response: It was mentioned that a single team of expert radiologists were responsible for interpreting the imaging findings.

Again, I thank you for all your efforts in increasing the quality of our manuscript

With Regards

Mohammad Mirza-Aghazadeh-Attari

Corresponding author

**OPEN PEER REVIEW**

**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) 13 Sep 2019

Dear EIC,
There is still a discrepancy between the number of patients included in the final analysis and the number noted in the text or flowchart, 53 or 57?
Thanks.

**REFEREE**: EIC | **Revision** (1) 14 Sep 2019

Dear Author,
It is highly advised to go through the numbers and have statistical consultants as well as professional editing.
Thanks.

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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.

Dear EIC of Shiraz E-Medical Journal

On behalf of all of the authors, I would like to thank you for reconsidering our manuscript.

We have implemented the necessary changes mentioned, and we hope that the manuscript will be acceptable in its current format

Response to comment number 1:

*there is still discrepancy between number of patients which included in the final analysis and number noted in the text or flowchart, 53 or 57?*

The Problem was solved. Sadly, during the submission process a faulty figure was attached to the manuscript file, and thus the numbers did not add up. The faulty segment was corrected. A total of 73 patients were initially included, in which 13 were excluded for being infected with another species of the influenza virus, and 7 because of heart failure. Then a total of 53 underwent imaging. The corrections were made in the figure, and also in the lines 55-56 of page 3. It is noteworthy to mention that the analysis was done based on 53 patients from the beginning.

We are sorry for any delay in the process, and we assure that the mistakes for solely because of an error in submitting a wrong figure.

We thank you again for all of your efforts.

The Corresponding author

**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.

**Kamran Bagheri Lankarani**: EIC | **Revision** (2) 29 Sep 2019

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