OPEN PEER REVIEW

Open Peer Review (OPR)

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- Education of both authors and new students
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Shiraz E-Medical Journal
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Peer Review Report for "Nutritional Knowledge, Attitude, and Practice of General Physicians Toward the Management of Metabolic Syndrome in Tehran"

Author(s): Kobra Nakhoda , Somayeh Hosseinpour-Niazi, Parvin Mirmiran

Review Timeline:

Submit Date:	28 Aug 2019
Revised Date:	25 Apr 2020
Accepted Date:	15 May 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: Reviewer | Revision (0)

21 Sep 2019

Dear AE,
According to the reviewers' commands, this paper need to improve to enough quality
1- There are some spelling and grammatical errors in the text and tables (check capital format in first words). Totally, we suggest that the preferential writer improve this manuscript . Please correct them.
2- Clarify score for practice of physicians in detail in method segment no in statistical analysis.
3- Table 4 should be clarified in detail in title and the description below the table.
4- In discussion delete the segments titles, result segment too.
5- Score of knowledge and attitude questionnaire need to clarify.
6- Discussion is week, please, compare to other more similar study and discussion regarding attitude
Thanks

Soheil Hassanipour: Reviewer | Revision (0)

29 Sep 2019

Dear AE,
Comments for the authors:
Please refer to the comments listed at the end of this letter
Abstract
- All sections must be prepared according to the journal format.
- The keywords must be chosen based on mesh term.
Background
- Your justification for doing this study is limited. Please explain more.
Method
Result
- It's better to use one or two figure instead of more tables in your paper
Discussion
- You used repeated sentences in the discussion section. Please remove or express in a different way.
- For some of your findings, comparative studies have not been used.
- The justification of your findings is limited. Please review the article discussion section.
References
- The references must be prepared completely based on the Journal format.
General comment
- Grammatical problems must be generally revised.
Thanks

Parisa Keshani: Associate Editor | **Revision** (0) 2 Oct 2019

Dear EIC,
The manuscript is studied, and there are some comments which should be addressed by the author. According to the comments, the document needs major revision.
Kind regards,

Kamran Bagheri Lankarani & Prof. Mohammad Hossein Dabbaghmanesh: EIC | **Revision** (0) 4 Oct 2019

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.

Professor Kamran B.Lankarani

Editor-in-chief

Shiraz E Medical Journal

Dear Prof. Lankarani

Greetings;

Thank you very much for your letter informing us of your decision and the reviewers comments regarding the manuscript **97514,** entitled "**Nutritional knowledge, attitude and practice of physicians towards management of metabolic syndrome ".** The manuscript has been revised according to the referees' comments and we hope it meets your expectations. Herewith attached the revision of manuscript as well as a point by point response to the reviewers' comments.

Looking forward to your response at your earliest convenience.

Yours Sincerely,

Response to reviewer 1:

According to the reviewers commands this paper need to improve to enough quality C1. There are some spelling and grammatical errors in the text and tables (check capital format in first words).Totally, we that the preferential writer improve this manuscript .Please correct them.

R. Agreed; the revised manuscript has been critically edited by a native speaker, Ms Nilofar Shiva, an academic member of the RIES, in charge of language editing.

C2. Clarify score for practice of physicians in detail in method segment no in statistical analysis.

R. Agreed and corrected as suggested on pages 6 & 7 as follows "**(IV)** A case study (Appendix 1) was designed to assess the practice of physicians; physicians were asked to list seven dietary recommendation, based on published guidelines [27-29], to a Mets 'case study for improving healthy dietary patterns. For the case study, a group of dietitians assessed the quality of the dietary recommendations made by physicians included:

1. Consumption of various fruits and vegetables; ≥ 5 or more servings per day
2. Consumption of variety of grain products, including whole grains; ≥ 6 or more servings per day
3. Consumption fat-free and low-fat dairy products
4. Replacing high fat, red meat and processed meat by fish, legumes, poultry, and lean meats
5. Limit salt intake (sodium chloride) to less than 6 g per day.
6. Limit intake of foods with high content of cholesterol-raising fatty acids
7. Maintain a healthy body weight

The quality of the dietary recommendations suggested by physicians was assessed based on the above recommendations. Any recommendation made based on the dieticians' advice received one point and recommendations that were not advised by dietitians were not given any point. Scores of each physician was calculated by summing up the points. Scores for practice of physicians were categorized as: low nutritional practice (0-3 points) and high nutritional practice (4-7 points).”

C3. Table 4 should be clarified in detail in title and the description below the table.

R. Agreed and the title revised as follows “Table 4. Odd ratios (95% CI) for nutritional practice of physicians regarding management of metabolic syndrome according to physician’s characteristics” and the description were revised as follows “categorizing of nutritional practice of physicians regarding to management of metabolic syndrome: 0-3 low practice; 4-7 high practice”

C4. In discussion delete the segments titles, result segment too.

R. Agreed and deleted as suggested.

C5. Score of knowledge and attitude questionnaire need to clarify.

R. All questions on nutritional knowledge regarding MetS are reported in Methods (Page 5 & 6) and Table 2 and the response to each knowledge question (correct or non-correct) is reported as percentage. Also response to each question of attitude (agree, neutral and disagree) is reported as percentage on Table 3.

6- Discussion is week, please, compare to other more similar study and discussion regarding attitude.

R. Agreed and the discussion regarding attitude revised on page 10 & 11 as follows "Consistent with previous studies, in this study although physicians have attitude regarding the importance of dietary pattern and weigh control in the management of MetS, their attitude about details of the healthy diet for prevention and treatment the MetS was either incorrect. Previous data report that there is lack of clarification on starchy vegetables, sugar [14], carbohydrate [15, 18], and roles of cholesterol and carbohydrates in the diet to prevent hypercholesterolemia and coronary heart disease[15]. Moreover, incorrected attitudes on dietary fat, the definition of the glycemic index and identification of foods containing carbohydrates/ mono-unsaturated fats for management of diabetes has been reported among physicians[13]. We also found that incorrected attitudes regarding principles of dietary determinants such as intake of macro- and micronutrient intake and food groups among physicians, findings which underscore the urgent need for basic education on the dietary aspects among physicians for prevention of NRDs such as MetS."

The discussion regarding knowledge of physicians has also been revised on page 9 & 10 as follows "Most frequently, primary care physicians are the first stage of community medical care for patients, and hence they must have the necessary knowledge and attitude to identify the MetS' patients, to provide basic nutrition care and refer the patients to nutritionist and dieticians[10]. Therefore, the physician's knowledge and attitude towards MetS and participation in MetS' screening is more important in reducing the prevalence of MetS. The current study shows that despite widely available published guidelines, screening for MetS and providing nutrition recommendations is not the routine work of most physicians, which may be due to the limited knowledge of physicians on MetS. These results are in line with those of previous studies reporting that despite interest in nutrition among physicians [9, 10, 32], lack of time [9, 12, 32, 33], limited nutritional knowledge[8, 9, 32] and low self-confidence[34], doubting the efficacy of nutritional

recommendations [9, 18, 32], inadequate nutrition education during medical school [1, 10], poor application of nutrition science and lack of collaboration with nutrition professionals [10], all lead to lack of optimal nutritional care for patients. Contrary to previous studies that physicians with limited knowledge provide nutritional recommendation for patients [13, 35], in the current study only a limited number of physicians with limited nutritional knowledge provided nutrition counselling for patients. However, the collaboration of physicians with dietitians was in agreement with previous studies that report over half of general practitioners believe that they refer patients to dietitians for weight management [14] and long term health advice [10, 32].”

Response to reviewer 2:

Abstract

C1. All sections must be prepared according to the journal format

R. The format of journal for abstracts is based on **Background, Objectives, Methods, Results, Conclusions;** we have prepared the abstract according to this structure**.**

C2. The keywords must be chosen based on mesh term.

R. Agreed and according to mesh term of practice, "*practice*" keyword have been corrected as professional practice

C3. Your justification for doing this study is limited. Please explain more.

R. In this section we said that "*nutrition education is a top priority for health professions"* and emphasis to role of physicians to "*provide nutritional information in primary care setting because they are first point of contact with the patients"*. We also declare that "*knowledge, attitudes and self-efficacy regarding to nutrition among physicians is inadequate"*. In paragraph 2 we discuss about Metabolic syndrome, its complication and its high prevalence and incident around the world and in Iran and are given *"In regard with physician's unique position, they can address this epidemic by screening for MetS and providing nutritional recommendations for their MetS patients within the primary care setting"* and also mentioned that "*according to Ministry of Health and Medical Education of Iran prevention and management of MetS is a physicians' task"*. Following we given that "*However despite international agreements that nutritional interventions is first-line therapy to manage the MetS and its related risk factors, knowledge, attitudes, and practice of physicians regarding to MetS, its components and its nutritional management are less investigated (13, 14, 16, 18, 20). To the best of knowledge, no study in Iran investigate the knowledge, attitudes, and practice of physicians regarding to MetS."*.

Please help us regarding to which topic need explain more.

C. It's better to use one or two figure instead of more tables in your paper.

R. Baseline characteristics usually reported in Tables. Regarding 6 question of knowledge and 10 question for attitude, and based on previous studies, it seems these results should be reported as Tables.

Discussion

C. You used repeated sentences in the discussion section. Please remove or express in a different way.

R. Agreed and done; sentence reported have been deleted or revised.

C. For some of your findings, comparative studies have not been used.

R. Agreed and revised as suggested on page 10-12.

C. The justification of your findings is limited. Please review the article discussion section.

R. Agreed and this section revised as suggested on page 10-12.

References

C. The references must be prepared completely based on the Journal format.

R. Agreed and corrected.

General comment

C. Grammatical problems must be generally revised.

R. The manuscript has been critically revised for English grammar and syntax by a native speaker of the language, Ms Nilofar Shiva, an academic faculty member of the RIES (acknowledgement)

Response to associate Editor 1:

C. *The idea of assessing Nutritional knowledge, attitude and practice of physicians in management of metabolic syndrome, is valuable. However, there are some comments, seems to help improve the report quality.*

R. Thank you for the constructive comments and the opportunity to revise our manuscript.

C1. The manuscript needs English editing.

R. The manuscript has been critically revised for English grammar and syntax by a native speaker of the language, Ms Nilofar Shiva, an academic faculty member of the RIES (acknowledgement)

C2. Number of experts participated in your expert panel.

R. Given on page 5 as follows "a different panel of **ten** expert dietitians and nutritionists was asked to comment independently on the necessity, relevance, clarity, and simplicity of each item"

C3. Scoring and content of each questionnaire is not clear in the methods. Please explain questionnaires item in methods instead of results. Which questionnaire assessed the obstacles? It is not mentioned in the methods. Which questionnaire assessed the "practice of physicians" and how was the scoring? This part of the method is very unclear and revise is needed.

R. Agreed, these items of questionnaire have been explained in the methods section on pages 5-7 as follows"

Questions were categorized into four sections, including:

(i) Six questions regarding demographic characteristics (age, gender, marital status, and work experience, work place, and hours per week spent in clinic);

(ii) Six questions on knowledge on MetS and physicians' tasks regarding MetS patients included:

1. Can you define the MetS and its components?

2. Can you define the risk factors of the MetS?

3. Can you define the complications of the MetS?

4. Did you review the patient's medical history such as weight, BMI etc. to determine if the patient has MetS?

5. Did you provide the nutrition recommendations for patients with MetS? If your response is no, why did you not provide the nutrition recommendation:

- This is not their responsibility of physicians,
- Lack of time,
- Limited nutrition knowledge,
- Feeling unqualified to provide nutrition recommendations,
- Lack of belief in the efficacy of diet therapy,
- Drug therapy alone can be effective in controlling and treating MetS,
- Patients lack of adherence to physicians advice

6. Are you refer the patient with MetS to a dietitian?

(iii) Ten questions on nutritional attitude towards MetS included:

1. There are well stablished associations between dietary patterns and MetS

2. Weight loss is the most important method to improve metabolic syndrome

3. Compared to a high carbohydrate diet, high fat intakes are often more major cause of MetS

4. Low salt intake can improve MetS

5. Consuming a variety of fruits and vegetables, including ≥ 5 servings per day is recommended for controlling MetS

6. Limited intakes of starchy vegetables such as potato, corn, peas are recommended for controlling MetS

7. Consuming a variety of grain products, including whole and refined grains is recommended for controlling MetS

8. Limit intakes of foods with high content of cholesterol-raising fatty acids is recommended for controlling MetS

9. Limited intakes of high-fat dairy products are recommended for controlling MetS

10. Replacing red meat by legumes as a source of protein is recommended for controlling MetS)

(IV) A case study (Appendix 1) was designed to assess the practice of physicians; physicians were asked to list seven dietary recommendation, based on published guidelines [27-29], to a Mets 'case study for improving healthy dietary patterns. For the case study, a group of dietitians assessed the quality of the dietary recommendations made by physicians included:

8. Consumption of various fruits and vegetables; ≥ 5 or more servings per day
9. Consumption of variety of grain products, including whole grains; ≥ 6 or more servings per day
10. Consumption fat-free and low-fat dairy products
11. Replacing high fat, red meat and processed meat by fish, legumes, poultry, and lean meats
12. Limit salt intake (sodium chloride) to less than 6 g per day.
13. Limit intake of foods with high content of cholesterol-raising fatty acids
14. Maintain a healthy body weight

The quality of the dietary recommendations suggested by physicians was assessed based on the above recommendations. Any recommendation made based on the dieticians' advice received one point and recommendations that were not advised by dietitians were not given any point. Scores of each physician was calculated by summing up the points. Scores for practice of physicians were categorized as: low nutritional practice (0-3 points) and high nutritional practice (4-7 points).”

C4. This is a sentence in your methods: "Validity of the questionnaire was assessed by face, content, and construct validity methods." But it is not clear, how did you examined "construct validity" in your study?

R. Regarding that components of our questioner (knowledge, attitude, and practice) were determined by dietitians and the questions were addressed by the researcher in these components, and also regarding six question in knowledge section and ten question in attitude section, after construct validity methods by explanatory factor analysis, we found only 1 pattern in knowledge and attitude and practice. Therefore we did not further explain construct validity and have deleted this word from our manuscript.

C5. Confounders were not mentioned in "statistical analysis" part.

R. Agreed and given on pages 7 & 8 as follows “Logistic regression was used to estimate the odds ratio (ORs) and 95% confidence interval (CI) for nutritional practice of physicians regarding to management of metabolic syndrome according to physicians’ characteristics. Two

models were constructed: First univariate analysis (Model 1) was performed; it was then adjusted in model 2 for potential confounding factors, including age, gender, hour per week spent in clinic, work experience, marital status, and work place."

C6. Do not duplicate results in text and tables. Also, please delete repeated sentences.

R. Agreed and the section of results has been revised as suggested.

C7. Please interpret the analytical part of the results (ORs).

*R. Agreed and given on page 11 & 12 as follows "*In the current study, an association was found between age and hours per week spent in the clinic and the level of physicians nutritional practice; older physicians had lower scores of nutritional practice. According to these results, continuing education programs after graduation are essential for physicians. In addition, physician with longer working hours in the clinic had higher scores for nutritional practice, which may be due to that physicians with longer hours in the clinic are studying more about treating their patients. On the other hands, in previous studies weak practices were reported among young physicians and those with lesser numbers of patient [33], more among female physicians compared with males [38], however in another study, female and US-trained residents had low self-efficacy regarding nutrition counseling for obese patients[20]. More studies need to investigate the effect of demographic and experience of physicians on treatment of patients. "

C. What do you suggest as the justification for the unexpected results about age?

R. This suggestion given on 11 as follows “In the current study, an association was found between age and hours per week spent in the clinic and the level of physicians nutritional practice; older physicians had lower scores of nutritional practice. According to these results, continuing education programs after graduation are essential for physicians”

C. Discussion is weak and its subtitles needs revision.

R. Agreed and the discussion has been revised as suggested.

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: Reviewer | **Revision** (1) — 30 Nov 2019

Dear AE,
I reviewed the submitted paper"Nutritional knowledge, attitude and practice of physicians towards management of metabolic syndrome"
According to the second review, this manuscript had to improve in structure and content information but it is essential in the result of the “Abstract” also provide briefly valuable information in detail regarding attitude and practice attitude towards metabolic syndrome (from tables 3 and 4 information).
Thanks

Soheil Hassanipour: Reviewer | **Revision** (1) — 9 Dec 2019

Dear AE,
The study is reviewed carefully. According to comments and revisions by the author, this manuscript is accepted.
Thanks

Parisa Keshani: Associate Editor | **Revision** (1) — 11 Dec 2019

Dear EIC,
Thanks in advance for considering most of the comments.
There is an "accepted" and a "minor revision" decision.
Please make the abstract of the manuscript more informative by adding some details about attitude and practice from table 3 and 4.
and I suggested an English editing as I noticed some grammar and writing problems which makes some sentences unclear.
Thanks

REFEREE: EIC | **Revision** (1) — 13 Dec 2019

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 (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.

Professor Kamran B.Lankarani

Editor-in-chief

Shiraz E Medical Journal

Dear Prof. Lankarani

Greetings;

Thank you very much for your letter informing us of your decision and the reviewers comments regarding the manuscript **97514,** entitled "**Nutritional knowledge, attitude and practice of physicians towards management of metabolic syndrome ".** The manuscript has been revised according to the referees' comments and we hope it meets your expectations. Herewith attached the revision of manuscript as well as a point by point response to the reviewers' comments.

Looking forward to your response at your earliest convenience.

Yours Sincerely,

Response to reviewers' Comments:

Response to reviewer 1:

The revised manuscript is acceptable for me.

R. Thank you; much appreciated.

Response to reviewer 2:

C. I reviewed the submitted paper "Nutritional knowledge, attitude and practice of physicians towards management of metabolic syndrome". According to the second review this manuscript had improve in structure and content information but it is essential in result of "Abstract" also

provide briefly valuable information in detail regarding attitude and practice towards metabolic syndrome (from tables 3 and 4 information).

R. Information of tables 3 and 4 has been briefly reported in abstract as follows (pages 1 & 2)

"Most physicians believed that there was an established association between dietary patterns and MetS, and that weight reduction improved MetS; however, their attitude on details of macro- and micronutrient intakes for prevention and treatment the MetS is incorrect. Regarding the practices of physicians, however over half of those who recommended reduction of cholesterol-raising fatty acids, consumption of fat-free and low-fat dairy products and maintenance of healthy body weight had inadequate practices regarding consumption of varieties of grain products as well as fruit, vegetables, and reduction of salt intake. Participants aged between 40-50 years, and physicians who worked 21-40 hr/wk had lower quality of nutritional practice."

Response to associate Editor's Comments:

Thank you in advance for considering most of the comments. There is an "accepted" and a "minor revision" decision.

R: Thank you for the constructive comments and the opportunity to revise our manuscript.

C1. Please make the abstract of the manuscript more informative by adding some details about attitude and practice from tables 3 and 4.

R. Agreed and information of tables 3 and 4 briefly reported in abstract as follows "Most physicians believed that there was an established association between dietary patterns and MetS, and that weight reduction improved MetS; however, their attitude on details of macro- and micronutrient intakes for prevention and treatment the MetS is incorrect. Regarding the practices of physicians, however over half of those who recommended reduction of cholesterol-raising fatty acids, consumption of fat-free and low-fat dairy products and maintenance of healthy body weight had inadequate practices regarding consumption of varieties of grain products as well as fruit, vegetables, and reduction of salt intake. Participants aged between 40-50 years, and physicians who worked 21-40 hr/wk had lower quality of nutritional practice. "

C2. I suggested an English editing as I noticed some grammar and writing problems which makes some sentences unclear.

R. Agreed; the revised manuscript has been critically edited for English grammar and syntax by a native speaker, Ms Niloofar Shiva, an academic member of the RIES, in charge of language editing. (Green highlight)

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.

Behnam Honarvar: Associate Editor | **Revision** (2) 24 Feb 2020

Dear EIC,
The manuscript is studied, and there are some comments which should be addressed by the author. According to the comments, the document needs major revision.
Kind regards,

REFEREE: EIC | **Revision** (2) 26 Feb 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 (3)

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.

Professor Kamran B.Lankarani

Editor-in-chief

Shiraz E Medical Journal

Dear Prof. Lankarani

Greetings;

Thank you very much for your letter informing us of your decision and the reviewers comments regarding the manuscript **97514,** entitled "**Nutritional knowledge, attitude and practice of physicians towards management of metabolic syndrome ".** The manuscript has been revised according to the referees' comments and we hope it meets your expectations. Herewith attached the revision of manuscript as well as a point by point response to the reviewers' comments.

Looking forward to your response at your earliest convenience.

Yours Sincerely,

Somayeh Hossainpour-Niazi

Nutrition and Endocrine Research Center

Research Institute for Endocrine Sciences

Shahid Beheshti University of Medical Sciences

Response to Associate Editor's Comments:

C1. Thank you for attempts to improve this manuscript, but after careful rereading it and due to below points, it can be accepted as Brief Report for publication.

R. Thank you for constructive comments and we prepared the manuscript as Brief Report.

C2. Not defining information about sample size calculation.

R. This was given on page 2 as follows "The sample size was calculated based on alpha = 5%; d = 0.1; power = 0.95 and P (the ratio of people with high practice) = 0.46 with attrition =20%, using the following formula:

$$n = \frac{Z_{1-\alpha/2}^{2} P(1-P)}{d^{2}}$$ "

C3. Convenient type of sampling, while random sampling was possible.

R. regarding to low GPs, we studied all GPs. This was given on page 2 as follows "The study population included all GPs that working in health center affiliated to Shahid Beheshti University of Medical Sciences."

C4. Not defining the ethics code.

R. The ethics code was given on page3 as follows "IR.SBMU.ENDOCRINE.REC.1397.093"

C5. Overlapping of figures in the tables 1,4.

R. There is no overlapping. Table 4 reported the median score, OR (95% CI) of practice for subjects, but Table 1 reported the baseline characteristics of participants. Regarding the manuscript should be prepared as brief report, the Table 4 was deleted.

C6. Mentioned that: informed consent was obtained from patients!

R. Agreed and corrected on page 3 as follows "Written informed consent was obtained from all GPs"

C7. Not defining the location (Tehran) of conducting this study in the Title .

R. Agreed and the word of "Tehran" added to title on page 1.

C8. Not defining the type of Physicians (General , ...)

R. Agreed and revised as "general physicians" GPs through the manuscript.

C9. Old date of conducting this research.

R. "This study is a cross-sectional survey conducted in July 2019 in Tehran" on page 2.

OPEN PEER REVIEW

Revision (3)

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

Behnam Honarvar: Associate Editor | **Revision** (3) 15 May 2020

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.

REFEREE: EIC | **Revision** (3) 15 May 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.