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://brieflands.com/briefland/knowledgebase/category/tree.html#opr.html

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Peer Review Report for "Long-term Recurrence of Endometriosis in Women with Subfertility Caused by Endometriosis: A Comparison of the Efficacy of Surgery and Assisted Reproductive Technology as Fertilization Treatment Approaches"

Author(s): Niloofar Asadzadeh, Shahla Chaichian, Mobina Ziadloo, Shahla Mirgaloybayat, Mehrdad Sheikhvatan

Review Timeline:

Submit Date:	25 Nov 2019
Revised Date:	11 Jan 2020
Accepted Date:	17 Jan 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) — 5 Dec 2019

Dear AE,

1. In the abstract, the sample size is not clear.
2. Stage I was found in 19.0/5?
3. In Table 3, for qualitative variables you must report k-1 HR when k is number of category.
4. In Table 3, baseline categories are not clear for qualitative variables.

Thanks.

REFEREE: Associate Editor | **Revision** (0) — 4 Jan 2020

Dear EIC,

Comments for the authors:

1- What is your definition for recurrence? It happen after a disease free period.

2- The patients without previous surgery who have endometriosis, after IVF may develop worsening of the disease, not recurrence.
3- How do you follow the patients? With sonography or with evaluating the symptom?
Thanks.

REFEREE: EIC | **Revision** (0)

4 Jan 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 (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.

Reviewer 1:

1. In the abstract, sample size is not clear.
REPLY: It was added in the abstract as 51 patients (42 in surgery group and 9 in ART group)

2. Stage I was found in 19.0/5?
REPLY: 19.1% is correct that was edited.

3. In Table 3, for qualitative variables you must report k-1 HR when k is number of category.
REPLY: The Cox model was reanalyzed considering your valuable comments.

4. In Table 3, baseline categories are not clear for qualitative variables.
REPLY: The Cox model was reanalyzed considering your valuable comments.

Associate Editor 1:

1-what is your definition for recurrence? It happen after a disease free period.
REPLY: Within the follow-up the recurrence of endometriosis was examined that was defined as recurrence of pelvic pain (severity equal or greater than before intervention) with palpated pelvic masses or nodulations on pelvic examination and/or presence of ovarian cysts with the typical sonographic findings of endometriomas more than 20 mm in diameter.

2- The patients without previous surgery who have endometriosis, after IVF may develop worsening of the disease, not recurrence.
REPLY: There are now several controversies regarding the risk for endometriosis recurrence following ART. In fact, we attempted to hypothesize whether recurrence of endometriosis occurs in those women treated previously for endometriosis and are now subfertilized that underwent surgery or ART for fertility renewal.

3-how you fallow the patients? With sonography or with evaluating the symptom?
REPLY: The patients in the two groups were followed-up for five years through both physical examination (for assessment of the change in clinical manifestations) and sonogaphy assessment with the purpose of the assessment of endometriosis recurrence.

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Revision (1)

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

REFEREE: EIC | **Revision (1)** 17 Jan 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.