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

Shiraz E-Medical Journal
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Peer Review Report for "Factors Associated with Multidrug-Resistant Pathogens in Community-Acquired Pneumonia Patients Hospitalized in a Provincial Teaching Hospital in Indonesia"

Author(s): Arto Yuwono Soeroto, Ining Kartika Tarmidi, Guntur Darmawan, Geraldo Laurus, Prayudi Santoso

Review Timeline:

Submit Date: 10 Dec 2019
Revised Date: 23 May 2020
Accepted Date: 23 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: Associate Editor | **Revision** (0) 16 May 2020

Dear EIC,
There is a case-control study comparing 85 patients with MDR pneumonia and 70 patients with pneumonia caused by non-MDR pathogens. These patients were admitted in a provincial teaching hospital in Indonesia. Multivariate logistic regression analysis showed that the immobilization status was the only associated factor in increasing the risk of infection with MDR pathogens in CAP patients.
1. This study is a case-control one that could only determine association between MDR pneumonia and the predisposing factors. For evaluation of “risk factors”, Authors should conduct a cohort study, so the title should be changed.
2. Authors explain only about inclusion criteria of sputum tests, please add inclusion criteria for patients.
3. Avoiding selection bias, authors should mention if they routinely send sputum test for all patients with CAP or for the selected ones with severe infections or other specific criteria. Is there any patient with CAP to miss sending sputum test during study period?
4. Antibiotic resistance test was carried out based on the Kirby-Bauer method, please

specify it was defined by which criteria: CLSI or EUCAST or other one?
5. All of the data in Table 3 have been displayed in Table one, too. So, there is no need of Table 3.
6. The important underlying diseases such as cardiovascular diseases, malignancy, and neurological disorder could affect the etiologic agents of CAP. These underlying diseases were not investigated in this study. It should be mention as the limitation of study.
7. Another limitation of this study is the investigation of etiologic agents of pneumonia only by one method (sputum test). Other methods such as blood culture and the serologic tests for other important etiologies such as Chlamydia pneumoniae, Mycoplasma pneumonia, and Legionella pneumophila were not performed.
Thanks.

REFEREE: EIC | **Revision** (0) 18 May 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.

Associate Editor's Comments and Reply

1	*Comment:*	*This study is a case-control one that could only determine association between MDR pneumonia and the predisposing factors. For evaluation of "risk factors", Authors should conduct a cohort study, so the title should be changed.*
	Corresponding Author Reply:	We have changed the title of the article to *Factors associated with multidrug-resistant pathogens in community-acquired pneumonia patients hospitalized in a provincial teaching hospital in Indonesia*
2	*Comment:*	*Authors explain only about inclusion criteria of sputum tests, please add inclusion criteria for patients.*
	Corresponding Author Reply	we have added an inclusion criteria for patient's selection which consist of: adult patient >18 years old diagnosed with Community-acquired Pneumonia
3	*Comment:*	*Avoiding selection bias, authors should mention if they routinely send sputum test for all patients with*
	Corresponding Author Reply	We have added a statement that all sputum were collected from patients meet inclusion criteria
4	*Comment:*	*Antibiotic resistance test was carried out based on the Kirby-Bauer method, please specify it was defined by which criteria: CLSI or EUCAST or other one?*
	Corresponding Author Reply	*We have added a reference that Kirby-bauer method using CLSI 2018 protocols*
5	*Comment:*	*All of the data in Table 3 have been displayed in Table one, too. So, there is no need of Table 3.*
	Corresponding Author Reply	*We have removed table 4 from old version of article*
6	*Comment:*	*The important underlying diseases such as cardiovascular diseases, malignancy, and neurological disorder could affect the etiologic agents of CAP. These underlying diseases were not investigated in this study. It should be mention as the limitation of study.*
	Corresponding Author Reply	We have added a statement that as cardiovascular diseases, malignancy, and neurological were not investigated
7	*Comment:*	*Another limitation of this study is the investigation of etiologic agents of pneumonia only by one method (sputum test). Other methods such as blood culture and the serologic tests for other important etiologies such as Chlamydia pneumoniae, Mycoplasma pneumonia, and Legionella pneumophila were not performed.*
	Corresponding Author Reply	We have added a statement that blood and serologic culture were not performed due to limited resources in our health facility

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Revision (1)

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REFEREE: EIC | **Revision (1)** 23 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.