

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>



Iranian Journal of Pediatrics

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Peer Review Report for "Routine Screening and Treatment of Urinary Tract Infection May Be Justified in Children and Adolescents with Cerebral Palsy: A Systematic Review"

Author(s): Samuel Nkachukwu Uwaezuoke, Ann Ebele Aronu

Review Timeline:

▶ Submit Date:	22 Apr 2020
▶ Revised Date:	18 May 2020
▶ Accepted Date:	7 Jun 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)

3 May 2020

Dear AE,

In abstract section:

- Line 1: "present" should be changed to "may present". Not all children get a urinary tract infection with cerebral palsy.
- Keywords: "risk" change to "risk factor".

In context section:

- Provide registration information including registration number.

In section 2.2:

- The author said, "UTI should have been defined as significant bacteriuria or pyuria corresponding to the urine sampling method."
- The researcher's definition of a urinary tract infection must be precise and clear.

Urinary tract infection is an inflammatory response of the urothelium to bacterial invasion that is usually associated with bacteriuria and pyuria.

Pyuria is the presence of white blood cells (WBCs) in the urine and is generally indicative of an inflammatory response of the urothelium to bacterial invasion. Bacteriuria without pyuria indicates bacterial colonization rather than infection. Pyuria without bacteriuria warrants

evaluation for tuberculosis, stones, or cancer.

Bacteriuria is the presence of bacteria in the urine, which is normally free of bacteria, and implies that these bacteria are from the urinary tract and are not contaminants from the skin, vagina, or prepuce. The possibility of contamination increases as the reliability of the collection technique decreases from suprapubic aspiration to catheterization to voided specimens. Sampling methods are important.

In inclusion criteria, a clear and uniform definition of a urinary tract infection should be considered in order to select articles more accurately and with the same framework.

(bacteriuria and pyuria; sampling methods, colony count cut off).

For example, in reference no.14 counts >10000 were considered, which were different from other cutoffs in other references.

- The most important drawback of this article is the lack of a uniform and comprehensive definition of urinary tract infection.

- Articles reviewed by people over the age of 14 old ages should be deleted (they do not match the title of the article).

- Articles that did not specify the age of the study subjects should also be deleted (reference no 14).

In section 3.3:

- Line 8,9: "19.2% in 'enuretic group' versus 19.2% in 'non-enuretic group'" what does it mean?!!!

Thanks.

 **Mehmet Tekin:** Reviewer | **Revision (0)**

3 May 2020

Dear AE,

I congratulate the authors for this well written review. I think it can be published.

Thanks.

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

3 May 2020

Dear AE,

Totally the present article is well-established and the subject is interesting, but some major revisions should be considered.

- More suitable title should be selected for the article.

- The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone.

- The necessity and innovation of the article should be presented to the introduction.

- It is suggested to present the structure of the article at the end of the introduction.

- The major defect of this study is the debate or Argument is not clear stated in the introduction session. Hence, the contribution is weak in this manuscript. I would suggest the author to enhance your theoretical discussion and arrives your debate or argument.

- Please avoid reference overkill/run-on, i.e. do not use more than 3 references per sentence.

- Following, you will find some new related references which should be added to literature review:

Swierczynski, A. Pathogenicity of Endocrine Dysregulation in Autism: The Role of the

Melanin-Concentrating Hormone System;

Davarani et al. Identification of Autism Disorder Spectrum Based on Facial Expressions;

Baran et al. Body Fat Mass is Better Indicator than Indirect Measurement Methods in Obese Children for Fatty Liver and Metabolic Syndrome.

- Please avoid reference overkill/run-on, i.e. do not use more than 3 references per sentence.

- Page 7: the following paragraph is unclear, so please reorganize that:

“In Table 3, four studies documented the cultured bacterial isolates (10-13). Three reported *Escherichia coli* as the commonest uropathogen (10-12), while a mixed growth of *Proteus* and *Enterococcus* were predominant uropathogens in one study (13). Two studies reported their antibiotic-sensitivity patterns, noting that *Escherichia coli* was 100% sensitive to quinolones and ceftriaxone (10, 11). The same isolate was also 50%-66.7% sensitive to gentamycin (11), 85% sensitive to gentamycin, amoxiclav, and nitrofurantoin, 71% sensitive to cefotaxime, and 28.6% sensitive to ampicillin and cotrimoxazole (10), but resistant to amoxiclav, cotrimoxazole, nitrofurantoin, tetracycline and nalidixic acid (11).”

- More suitable title should be presented for the figure 3 instead of “Funnel plot to assess for publication bias across six included studies”.

- Much more explanations and interpretations must be added for the results, which are not enough.

- It is suggested to compare the results of the present research with some similar studies which is done before.

- Please make sure your conclusions' section underscore the scientific value added of your paper, and/or the applicability of your findings/results, as indicated previously. Please revise your conclusion part into more details. Basically, you should enhance your contributions, limitations, underscore the scientific value added of your paper, and/or the applicability of your findings/results and future study in this session.

- “Notation” should be added to the article.

- DOI of the references must be added (you can use “<https://crossref.org/>”).

Thanks.

 **REFEREE:** Associate Editor | **Revision (0)**

10 May 2020

Dear EIC,

The manuscript was reviewed by our reviewers. The reviewers have raised concerns regarding the manuscript, and therefore, the paper is not acceptable for publication in this format. However since the reviewers do find some merit in the paper, I would be willing to reconsider if the authors wish to undertake major revisions and re-submit, addressing the referees' concerns.

Please note that resubmitting the manuscript does not guarantee acceptance and that the resubmission will be subject to a re-review before a decision is rendered.

Thanks.

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

10 May 2020

Dear Author,

Thank you for submitting your manuscript to Iran J Pediatr. Your manuscript has now been reviewed by two reviewers and an Associate Editor. I now have the reports of the Referees,

which suggest that your manuscript might be suitable for publication following a number of revisions. I attach some reviewer comments and invite you to submit a revised version of your manuscript addressing the points made.

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.

16th May, 2020

The Editor-in-Chief,

Iranian Journal of Pediatrics

Dear Sir,

Submission of corrected manuscript (Manuscript ID-104036)

Thank you for the feedback on our manuscript and the decision to reconsider it for publication after revision. Please find below our responses to the Reviewers' comments and the revisions made on the manuscript

REVIEWERS' COMMENTS	RESPONSES AND CORRECTIONS
<p>Reviewer 1: I thank you for all your efforts to publish scientific manuscripts to expand the public knowledge. In abstract section: Line 1: "present" should be change to "may present". Not all children get a urinary tract infection with cerebral palsy. Key words: "risk" change to "risk factor". In context section: Provide registration information including registration number.</p> <p>In section 2.2: Author said "UTI should have been defined as significant bacteriuria or pyuria corresponding to the urine sampling method."</p> <p>The researcher's definition of a urinary tract infection must be precise and clear. Urinary tract infection is an inflammatory response of the urothelium to bacterial invasion that is usually associated with bacteriuria and pyuria. Pyuria is the presence of white blood cells (WBCs) in the urine and is generally indicative of an inflammatory response of the urothelium to bacterial invasion. Bacteriuria without pyuria indicates bacterial colonization rather than infection. Pyuria without bacteriuria warrants evaluation for tuberculosis, stones, or cancer. Bacteriuria is the presence of bacteria in the</p>	<p>-Your complimentary remark is appreciated</p> <p>-The correction is noted and reflected in the revised manuscript</p> <p>-It was a typographical error. It should read 'risk factor' rather than 'risk'</p> <p>-The information about registration with PROSPERO has been provided after the Abstract (line 33-34)</p> <p>-We appreciate your detailed and simple definition of UTI which we do not dispute. Our quoted definition was a concise paraphrase from a referenced standard UTI definition. Unfortunately, we ended up giving an imprecise definition which we have now corrected (lines 90-94)</p>

<p>urine, which is normally free of bacteria, and implies that these bacteria are from the urinary tract and are not contaminants from the skin, vagina, or prepuce. The possibility of contamination increases as the reliability of the collection technique decreases from suprapubic aspiration to catheterization to voided specimens. Sampling methods is important.</p> <p>In inclusion criteria a clear and uniform definition of a urinary tract infection should be considered in order to select articles more accurately and with the same framework. (Bacteriuria and pyuria; sampling methods, colony counts cut off).</p> <p>For example in reference no.14 counts >10000 were considered, which were different from other cutoff in others references.</p> <p>The most important drawback of this article is the lack of a uniform and comprehensive definition of urinary tract infection.</p> <p>Articles reviewed by people over the age of 14 old ages should be deleted (they do not match the title of the article).</p> <p>Articles that did not specify the age of the study subjects should also be deleted (reference no 14).</p> <p>In section 3.3:</p> <p>Line 8, 9: “19.2% in ‘enuretic group’ versus 19.2% in ‘non-enuretic group’” what does it mean?!!!</p>	<p>-Article selection was based on evidence of a conducted urine culture which is the gold-standard investigation for UTI</p> <p>-Article in reference 14 was considered because a urine culture was done. The colony count adopted as a criterion for UTI diagnosis might have been dependent on the method of urine sampling (>10⁴ CFU/ml is significant for catheter urine according to NICE guideline). Also, the NICE guideline slightly differs from the AAP guideline which adopts a lower bacterial colony count. It is therefore most likely the authors used catheter urine specimen and adopted the NICE guideline</p> <p>-Since this is a systematic review of published articles, the methods and results of the studies may not be uniform. The essence of the review was to appraise these discrepancies and arrive at a more representative result</p> <p>-The title of the systematic review has been modified to accommodate these articles that also studies adolescents (who are part of the pediatric age group).</p> <p>-Regarding reference no. 14, the authors clearly stated that the study was conducted among children. It is most probable that the age range spanned from childhood to adolescence.</p> <p>-‘Enuretic group’ means ‘the group of cerebral palsy patients who presented with enuresis.’ Similarly, ‘non-enuretic group’</p>
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	means ‘the group of cerebral palsy patients who did not present with enuresis.’ Because of the Journal’s limit for manuscript word count, we tried to abridge some of these terms. However, if accepted by the EIC, we have revised this portion accordingly for clarity (lines 192-198)
<p>Reviewer 2: I congratulate the authors for this well written review. I think it can be published</p>	Thank you very much for your kind remarks
<p>Reviewer 3: Accept with minor revision</p>	We appreciate your verdict. Thank you
<p>Reviewer 4: Totally the present article is well-established and the subject is interesting, but some major revision should be considered.</p> <ul style="list-style-type: none"> - More suitable title should be selected for the article. - The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. - The necessity and innovation of the article should be presented to the introduction. - It is suggested to present the structure of the article at the end of the introduction. - The major defect of this study is the debate or Argument is not clear stated in the introduction session. Hence, the contribution is weak in this manuscript. I would suggest the author to enhance your theoretical discussion and arrives your debate or argument. - Please avoid reference overkill/run-on, i.e. do not use more than 3 references per sentence. - Page 7: the following paragraph is unclear, so please reorganize that: 	<ul style="list-style-type: none"> -The manuscript is a systematic review on the burden of UTI in children with cerebral palsy. We have modified the title to accommodate major thrust of this research (lines 1-2) - We agree with these suggestions and observation for the Abstract. We were forced to abridge the Abstract based on the Journal’s word count limit. Nevertheless, we have modified it to accommodate the suggestions (lines 4-10) - The introduction has been revised to accommodate these useful suggestions (see lines 41-44, 49-51 and 56-68) -We have made the corrections as stated above -We have corrected the ‘reference overkill’. Where more than 3 references were still retained, it was unavoidable to do so

<p>“In Table 3, four studies documented the cultured bacterial isolates (10-13). Three reported Escherichia coli as the commonest uropathogen (10-12), while a mixed growth of Proteus and Enterococcus were predominant uropathogens in one study (13). Two studies reported their antibiotic-sensitivity patterns, noting that Escherichia coli was 100% sensitive to quinolones and ceftriaxone (10, 11). The same isolate was also 50%-66.7% sensitive to gentamycin (11), 85% sensitive to gentamycin, amoxiclav, and nitrofurantoin, 71% sensitive to cefotaxime, and 28.6% sensitive to ampicillin and cotrimoxazole (10), but resistant to amoxiclav, cotrimoxazole, nitrofurantoin, tetracycline and nalidixic acid (11).”</p> <ul style="list-style-type: none"> - More suitable title should be presented for the figure 3 instead of “Funnel plot to assess for publication bias across six included studies”. - Much more explanations and interpretations must be added for the results, which are not enough. - It is suggested to compare the results of the present research with some similar studies which is done before. - Please make sure your conclusions' section underscore the scientific value added of your paper, and/or the applicability of your findings/results, as indicated previously. Please revise your conclusion part into more details. Basically, you should enhance your contributions, limitations, underscore the scientific value added of your paper, and/or the applicability of your findings/results and future study in this session. - “Notation” should be added to the article. - DOI of the references must be added (you can use “https://crossref.org/”). 	<ul style="list-style-type: none"> -We have edited this paragraph to ensure clarity (see lines 201-214) -We have changed the title of Figure 3 -We have added more information to some sub-sections of the results (see lines 174-184, 231-234) -There is paucity of studies on the topic. Thus, comparison with previously published similar studies was not extensive -We have added depth to this section and have re-arranged the flow of the discussion (lines 245-251, 261-267, 275-282, 293-312, 336-342) -We have done this. Thus, 50,000 is now written as 5×10^4, 10,000 as 10^4 -We have added the DOI to the references that have these identifiers
<p>Associate Editor 1: Your manuscript was reviewed by our reviewers. The reviewers have raised</p>	<p>-Thank you for the second chance given for our manuscript to be reviewed. We have carried out major revisions as much as we</p>

<p>concerns regarding the manuscript, and therefore, your paper is not acceptable for publication in this format. However since the reviewers do find some merit in the paper, I would be willing to reconsider if you wish to undertake major revisions and re-submit, addressing the referees' concerns</p>	<p>could. We hope our revised manuscript will receive your urgent attention</p>
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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 May 2020

Dear AE,

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

Thanks

REFEREE: Reviewer | Revision (1)

30 May 2020

Dear AE,

The points mentioned have been changed by the authors.

- I think this manuscript advances health care worldwide by sharing knowledge and expertise to improve experiences, outcomes, and values.


- Given the diversity and disagreement on this issue, it is better to mention the excessive use or misuse of antibiotics and drug resistance at the end of the conclusion or recommendation section.

- They should mention this article in their references: A Survey of Pediatricians' Views and Practices Regarding Parents' Request for Prescribing Antibiotics: A Qualitative Study. Arch Pediatr Infect Dis. 2019 July; 7(3):e91217. DOI: 10.5812/pedinflect.91217

- They can refer to some of the following sentences from this article:

(Bacterial resistance is considered an important concern in health care medicine. There is a close relationship between the use of antibiotics and drug resistance. The inappropriate administration (excessive use or misuse) of antibiotics by physicians is one of the main causes of drug resistance. Drug resistance can be threatening the treatment and prevention of diseases and more importantly, cause the spread of infections and also increase mortality rates. It can also prolong the treatment period and as a result, increase the cost of treatment. Antimicrobial prescribing is one of the most important therapeutics measures in the field of infectious diseases and can lead to several problems when used incorrectly. Therefore, the overuse of antibiotics is not only costly but also increases the risk to human health by increasing drug resistance. In addition, physicians should be aware that the misuse of antibiotics not only increases the cost of treatment, the side effects of drugs, and drug resistance, and but is also unethical. Despite the prevalence of overuse or misuse of drugs and increasing costs of treatment, it is felt necessary to evaluate the antibiotics administration process. If want to reduce the excessive use of antibiotics, especially in children, we need to know how the family plays a role in the prescribing pattern of physicians and more importantly, how physicians react to this).

Thanks.

 **REFEREE:** Associate Editor | **Revision (1)**

5 Jun 2020

Dear EIC,

The authors have modified the manuscript accordingly and have provided specific answers in an accurate manner. I suggest that this version is suitable for publication in the Iran J Pediatr.

Thanks.

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

7 Jun 2020

Dear Author,

The second round of peer review of your manuscript has been completed, and I am pleased to inform you that your manuscript has now been accepted for publication in our journal.

Thanks.