

Lampiran Peer Review Korespondensi Proses Submit Publikasi Internasional

Nama Jurnal: International Journal of General Medicine

Vol. Jurnal: 13

Nomor Jurnal:

Tahun Terbit: 2020

Halaman: 105-110

ISSN: 1178-7074

Penerbit: Dove Medical Press Ltd

Terindeks di: SCOPUS (Q2) SJR 0.723

DOI:

<https://doi.org/10.2147/IJGM.S247438>

H Index : 36

Impact Factor : 1.927

SJR Index : 0.723

Reputasi : SCOPUS Q2

Judul Artikel : **Seizure Outcomes in Patients with Complete versus Anterior Corpus Callosotomy: Analysis of Outcome**

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From: Fiona Gilbertson fionagilbertson@dovepress.com
Subject: Submission to Dove Medical Press [ID 247438]
Date: 29 January 2020 09.16
To: thohar@fk.undip.ac.id



Dear Dr Thohar Arifin,

Thank you for your recent submission to International Journal of General Medicine titled, "Seizure outcomes in patients with complete versus anterior corpus callosotomy: analysis of outcome."

Your paper is temporarily on hold as the following needs to be addressed:

1. **Shared emails:** initial compliance checks on your submission show that the following emails may not belong to these authors (as uploaded to the author details for your submission). **Please note that emails attributed to our authors must be for their sole and unique use and must not be shared with any other individual:**
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Please respond to all of the above points 1) a), b) and c) and send any corrected email addresses by return.

Thank you for your attention. I look forward to hearing from you.

Kind regards

Fiona

[Submission ID 247438]

Fiona Gilbertson

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From: Richie Faamoana richiefaamoana@dovepress.com
Subject: Manuscript submitted to Dove Medical Press - Response Required
Date: 20 February 2020 09.44
To: Dr Thohar Arifin thohar@fk.undip.ac.id

Dear Dr Thohar Arifin,

Thank you for your manuscript submission to International Journal of General Medicine. On behalf of the Editor, I would like to inform you that your submitted manuscript 'Seizure outcomes in patients with complete versus anterior corpus callosotomy: analysis of outcome' (247438) has been peer-reviewed and may be considered for publication after the necessary revisions are completed to the Editors satisfaction.

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When submitting your revised manuscript, please also provide a separate response letter addressed to the Editor. Please address every comment made by the Reviewers and Editor, and all the requested Editorial and Ethical corrections in both the manuscript and response letter. This will ensure your revised manuscript proceeds through our system without delays. Any comments or corrections not addressed or responded to will result in your submission being placed on hold while we await the corrections to be made.

Kind Regards,

Richie Faamoana
On behalf of Dr Scott Fraser
Editorial Department
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Manuscript ID number:

247438

Title of paper:

Seizure outcomes in patients with complete versus anterior corpus callosotomy: analysis of outcome

Reviewer 1

Evaluations (peer review comments for the author)

1. In general, how do you rate the degree to which the paper is easy to follow and its logical flow?

Good

2. Do the title and abstract cover the main aspects of the work?

Yes

3. If relevant are the results novel? Does the study provide an advance in the field?

No. The results are not novel as much larger series of callosotomy have been published.

4. Did the study gain ethical approval appropriate to the country in which the research was performed if human or animal subjects, human cell lines or human tissues were involved and is it stated in the manuscript?

Yes

Does the paper raise any ethical concerns?

No

5. If relevant, are the methods clear and replicable?

Yes

6. If relevant, do all the results presented match the methods described?

Yes

7. If relevant, is the statistical analysis appropriate to the research question and study design?

NA

8. If relevant, is the selection of the controls appropriate for the study design. Have attempts been made to address potential bias through analytic methods, eg., sensitivity analysis

NA

9. How do you rate how clearly and appropriately the data are presented

Good

10. If relevant, did the authors, make the underlying data available to the readers?

NA

11. Do the conclusions correlate to the results found?

Yes

12. Are the figures and tables clear and legible?

Yes

Are images clear and free from unnecessary modification?

Yes

13. I have serious concerns about the validity of this manuscript

No

14. Does the paper use appropriate references in the correct style to promote understanding of the content?

Yes

15. Do you think that the manuscript requires its English grammar, punctuation or spelling to be corrected?

No

Evaluation

While this is a well-described, small series of patients treated with callosotomy, the cohort is significantly smaller than some previously described series. The results are also significantly better than seen in other series and metaanalyses (37% vs 18% seizure-free). While this can result statistically from a smaller series, it may misrepresent the likelihood of seizure freedom after the procedure. The authors are to be commended for producing an excellent surgical series but I am uncertain what contribution this provides to the extant literature.

Reviewer 2

Evaluations (peer review comments for the author)

1. In general, how do you rate the degree to which the paper is easy to follow and its logical flow?

Good

2. Do the title and abstract cover the main aspects of the work?

Yes

3. If relevant are the results novel? Does the study provide an advance in the field?

No, no, but since it is done in a developing country, it is interesting to show that corpus callosotomy is feasible in developing countries.

4. Did the study gain ethical approval appropriate to the country in which the research was performed if human or animal subjects, human cell lines or human tissues were involved and is it stated in the manuscript?

Yes

Does the paper raise any ethical concerns?

No

5. If relevant, are the methods clear and replicable?

Yes

6. If relevant, do all the results presented match the methods described?

Yes

7. If relevant, is the statistical analysis appropriate to the research question and study design?

NA

8. If relevant, is the selection of the controls appropriate for the study design. Have attempts been made to address potential bias through analytic methods, eg., sensitivity analysis

Yes

9. How do you rate how clearly and appropriately the data are presented

Good

10. If relevant, did the authors, make the underlying data available to the readers?

Yes

11. Do the conclusions correlate to the results found?

Yes

12. Are the figures and tables clear and legible?

Yes

Are images clear and free from unnecessary modification?

No

13. I have serious concerns about the validity of this manuscript

No

14. Does the paper use appropriate references in the correct style to promote understanding of the content?

Yes

15. Do you think that the manuscript requires its English grammar, punctuation or spelling to be corrected?

Yes

Evaluation

Seizure outcomes in patients with complete versus anterior corpus callosotomy: analysis of outcome

Arifin et al.

The authors described their experience in Indonesia with the efficacy of corpus callosotomy in 16 patients (age range: 6-35; 3 adults); 13 out of 16 had drop attacks, 2 with bilateral tonic clonic seizure and one with focal impaired awareness seizure who were operated between 2000 to 2018. Fourteen out of 16, had either bilateral or generalized or multifocal EEG focus (based on table 1) and were on 2-4 anti-seizure medications. Presurgical evaluation for these patients included routine interictal EEG, Brain MRI and for those who had surgery in 2011 onward, ictal video EEG monitoring. Preoperative cognitive testing was also done.

Seizure frequency ranged from 1 to 2 per day to >20 episodes daily. Structural brain anomaly was present in 12/16. Four had normal MRI and 3 patients satisfied the electro-clinical diagnosis of Lennox-Gastaut Syndrome. Follow up period ranged from 12 to 144 months. Nine had total corpus callosotomy while 7 had partial. 5/9 who had total corpus callosotomy became seizure-free, 2 had 90% seizure reduction while 2 had 50-90% seizure reduction. Among those who underwent partial corpus callosotomy, 1 out of 7 became seizure-free, 4 with >90% seizure reduction, 1 with 50-90% seizure reduction and one had <50% seizure reduction. Out of the 13 patients who had drop attacks, 4 became seizure-free, 6 with >90% seizure reduction and 3 with 50-90% seizure reduction. Two patients with bilateral tonic clonic seizure became free from seizures and only one had less than 50% seizure reduction. They did not observe any major neurological or surgical complications but one patient who was excluded from the study died one month post surgery.

Comments:

Although limited by small sample size and short follow up period, this is a good paper to demonstrate the feasibility and utility of corpus callosotomy in developing countries in patients with diffuse encephalopathy and multifocal disease. I have some suggestions to improve the quality of the manuscript.

The manuscript has some grammatical error. Proof reading and revision to improve the quality of English is recommended. Some acronyms were not spell out such as WAIS-IV and WISC.

Drop attacks could be due to tonic, atonic, myoclonic seizures. Can the authors further classify the seizure types of the patients with drop attacks?

Intraoperatively, was EEG done? If possible, it would be good to present a figure showing the pre-surgery EEG and post-surgery EEG findings as well as the pre and post-op MRI to document successful disconnection of the corpus callosum.

Why did one patient die of respiratory failure? Was it due to other medical issues or due to perioperative complications? It should be further elaborated in the result section.

For those who underwent pre and post-op cognitive testing, was there any changes in their cognitive function?

Is VNS available in Indonesia? Maybe another point of discussion on the experience on the use of VNS versus corpus callosotomy will be helpful or if VNS not available in Indonesia, a sentence re the utility of corpus callosotomy in lieu of VNS is an option for intractable generalized or multifocal epilepsies.

EDITORIAL CORRECTIONS:

- **Ethics:** Please confirm in the revised manuscript that all patients, or a parent/legal guardian of patients under the age of 18 years provided written informed consent, and that this study was conducted in accordance with the Declaration of Helsinki.

Comment:

All clear, I have add a sentence that contain the thical instruction as the editorial suggest.

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Comments:

Ok, I am Understood that

Reviewers comment:

Manuscript ID number:

247438

Title of paper:

Seizure outcomes in patients with complete versus anterior corpus callosotomy: analysis of outcome

Reviewer 1

Evaluations (peer review comments for the author)

Evaluation

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Comment:

With all respect, I admit that our study had a small sample size (we also has mention this as our limitation at the end of our discussion section), but our follow-up period is long enough (with mean 73,25 months). Our data provide a new insight especially in Indonesia, because not many center consider an surgical approach for Epilepsy.

Reviewer 2

Evaluations (peer review comments for the author)

Evaluation

Seizure outcomes in patients with complete versus anterior corpus callostomy: analysis of outcome

Arifin et al.

The authors described their experience in Indonesia with the efficacy of corpus callosotomy in 16 patients (age range: 6-35; 3 adults); 13 out of 16 had drop attacks, 2 with bilateral tonic clonic seizure and one with focal impaired awareness seizure who were operated between 2000 to 2018. Fourteen out of 16, had either bilateral or generalized or multifocal EEG focus (based on table 1) and were on 2-4 anti-seizure medications. Presurgical evaluation for these patients included routine interictal EEG, Brain MRI and for those who had surgery in 2011 onward, ictal video EEG monitoring. Preoperative cognitive testing was also done.

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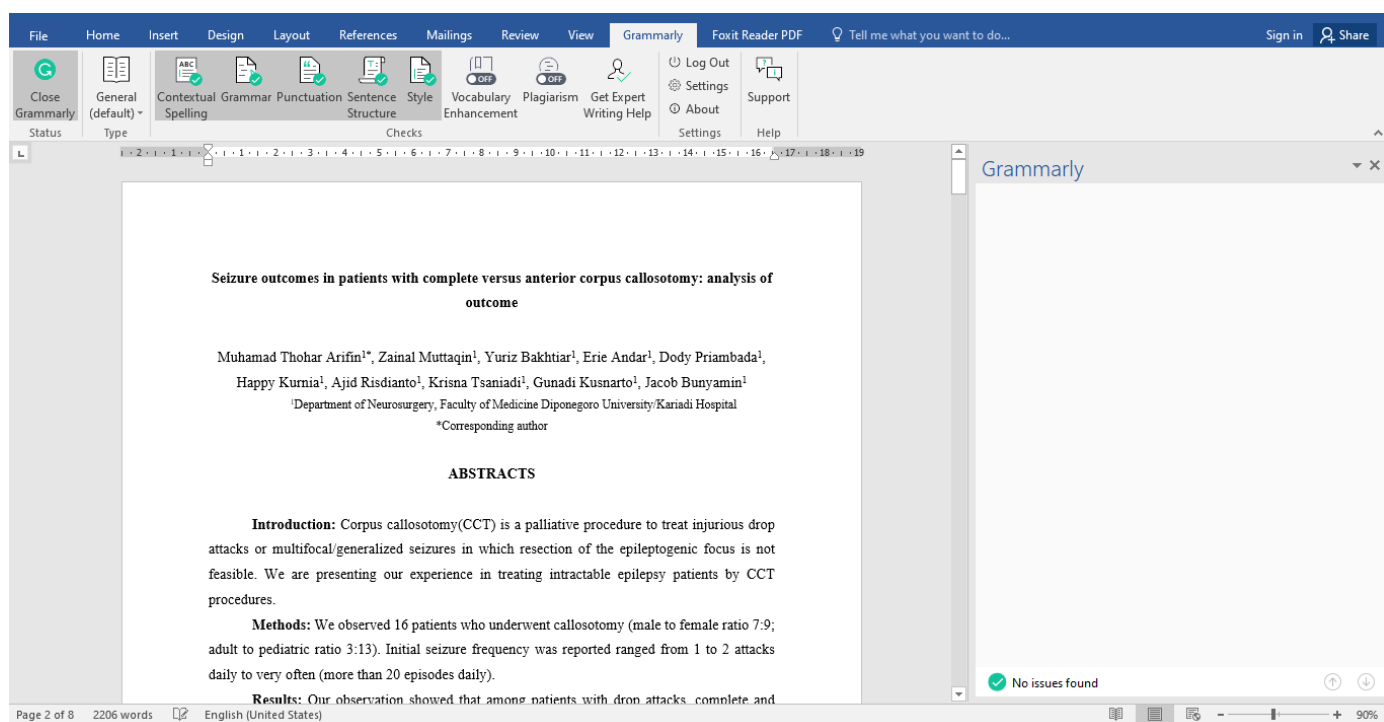
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Comments:

1. Vocabulary enhancement and grammatical errors:

We have made revision and using help of premium grammarly to assist some grammatical errors below are the screen shoot proof. We also consult for the grammatical errors to our friend in Australia Dr. Deasy Tandio tha has been graduated from James Cook University (here is her orchid id: (<https://orcid.org/0000-0001-7847-2831>)). I hope the editor will accept our revision regarding this issue.



2. Regarding any abbreviation/acronyms we have made revision in our revised manuscript.

3. Drops attack has been described in the revised manuscript (atonic seizures).
4. Unfortunately we didn't do the intra operative EEG monitoring, there are available data regarding the EEG and MRI of pre and post condition, but we don't want to describe in detail or published the picture, because our main idea is to describe the outcome (regarding seizure free rate epidemiology). Also we would like to publish a case report in detail regarding our callosotomy procedure, with complete examination picture series for our next project article. I hope the editorial member will understand regarding the circumstances.
5. Regarding the outcome of cognitive change, we have the data regarding change of cognitive functioning in our study, but we will make that observation in another article with another title concerning the outcome of cognitive function after callosotomy for our next project article. With all respect we are not describing in detail in this manuscript regarding the cognitive function improvement, because our main focus is seizure free outcome.
6. VNS is a good choice for epilepsy, but unfortunately the VNS only available in one center only in Indonesia, in Neuroscience Center in National Hospital, but we have made a short discussion comparison regarding the use of callostomy compared to VNS in discussion section.

That's all about our comment to

From: Ms Vivienne Gee viviennegee@dovepress.com
Subject: Dove Medical Press: Submission accepted for publication
Date: 9 March 2020 04.46
To: Dr Thohar Arifin thohar@fk.undip.ac.id

Dear Dr Thohar Arifin,

I am pleased to inform you that the submission, "Seizure outcomes in patients with complete versus anterior corpus callosotomy: analysis of outcome", has been accepted for publication in "International Journal of General Medicine". The article publishing charge is now payable before the paper can be progressed any further and an invoice is accessible here:
https://www.dovepress.com/invoice.php?i_key=sP881IMNt4f5rbCA7tHkkLS540636
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MUHAMAD THOHAR ARIFIN <thohar@fk.undip.ac.id>

Completed: International Journal of General Medicine: Author approval [ID: 247438]

1 pesan

Fatin Zakeri via DocuSign <dse@eumail.docusign.net>
Balas Ke: Fatin Zakeri <fatinzakeri@dovepress.com>
Kepada: Dr Muhamad Thohar Arifin <thohar@fk.undip.ac.id>

28 Maret 2020 10.40



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REVIEW DOCUMENTS DOCUMENT

Fatin Zakeri
fatinzakeri@dovepress.com

Dr Muhamad Thohar Arifin,

You have completed International Journal of General Medicine: Author approval [ID: 247438].

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International Journal of General Medicine: Author approval [ID: 247438]

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Kepada: Dr Muhamad Thohar Arifin <thohar@fk.undip.ac.id>

27 Maret 2020 04.45



Fatin Zakeri sent you a document to review and sign.

REVIEW DOCUMENTS

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Dovepress **Fatin Zakeri**
fatinzakeri@dovepress.com

Dr Muhamad Thohar Arifin

Thank you for advising you have no further corrections for your paper 'Seizure Outcomes in Patients with Complete versus Anterior Corpus Callosotomy: Analysis of Outcome'.

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Dove Medical Press update on your published paper

1 pesan

Dove Medical Press <adrianbell@dovepress.com>

30 Desember 2020 21.00

Balas Ke: Dove Medical Press <adrianbell@dovepress.com>

Kepada: thohar@fk.undip.ac.id

Dear Dr Thohar Arifin

Re: Your paper published in International Journal of General Medicine

A quick update to let you know that your paper, "Seizure Outcomes in Patients with Complete versus Anterior Corpus Callosotomy: Analysis of Outcome", has been well received since it went online.

Total views: 2296

URL: https://www.dovepress.com/articles.php?article_id=52820&l=amuiZzvcMSIkNp4ScGG6TADB1216058

Weeks Since Published: 39

Best regards

Adrian Bell

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[247438]



MUHAMAD THOHAR ARIFIN <thohar@fk.undip.ac.id>

A PDF of your manuscript [Dove Medical Press 7d - ID 247438]

1 pesan

Ms Sandi McIver <sandi@dovepress.com>

31 Maret 2020 03.54

Kepada: Dr Thohar Arifin <thohar@fk.undip.ac.id>

Dear Dr Thohar Arifin

Attached is a PDF of your published manuscript, as it appears in "International Journal of General Medicine" here:
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Yours sincerely

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