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Judul Artikel : **Postoperative Evaluation of the Quality of Life, Depression, and Anxiety of Temporal Lobe Epilepsy Cohort: A Single Institute Experience in Indonesia**

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EVALUATION

Q 1 Please summarize the main findings of the study.

Reviewer 1 | 08 Jun 2021 | 19:12 #1

Authors evaluated the quality of life in patients with temporal lobe epilepsy who underwent surgery in their epilepsy surgery centers. Postoperative quality of life, depression, and anxiety were evaluated with questionnaires of QOLIE (Quality of Life in Epilepsy Inventory)-31, Beck Depression Inventory-II, and Zung Self-Rating Anxiety Scales. 62 patients responded and only 40 of them were met for the analysis because only they had complete data. The seizure-free group obtained a favorable value significantly compared to the persistent seizure group in anxiety and QOLIE-31 scores. There was a significant negative correlation between overall quality of life and anxiety. Anxiety score also had a significant negative correlation with emotional wellbeing, energy/fatigue, and cognitive.

Corresponding Author: Yuriz Bakhtiar | 18 Jul 2021 | 13:00 #2

Thank you for your comment. Our findings confirmed that seizure freedom significantly affected QoL in the epilepsy surgery cohort similar to other previous studies. We admit that the rate of attrition was quite high due to loss of follow-up and probably stigma surrounding mental health. Nevertheless, the finding of this study remains important in describing the QoL in Indonesian patients.

Q 2 Please highlight the limitations and strengths.

Reviewer 1 | 08 Jun 2021 | 19:12 #1

Q2: The paper explores neuropsychological factors associated with quality of life after surgery for TLE. The main factors tested were: Depression, Anxiety and clinical outcomes.

The main strength is focusing on a relatively large population of surgical cases.

The main weakness is the lack of initial evaluation of quality of life, so that we can make comparisons on how surgery improves quality of life.

Corresponding Author: Yuriz Bakhtiar | 18 Jul 2021 | 13:00 #2

Due to the retrospective study design, we were unable to retrieve preoperative QoL data. We believe that this finding highlights the importance to include QoL analysis for preoperative evaluations for future patients.

Q 3 Please comment on the methods, results and data interpretation. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

Reviewer 1 | 08 Jun 2021 | 19:12 #1

Did the authors try to test differences according to Engels class?

Additionally, I would suggest adding at least one figure illustrating your main results, i.e. boxplots showing differences between Seizure free and non seizure free patients or rather a correlation plot that shows relations between variables.

Corresponding Author: Yuriz Bakhtiar | 18 Jul 2021 | 13:00 #2

Thank you for your comments. We have added a boxplot figure to accompany the main text. We did calculate the QoL level based on the Engel Class however the result was similar to the seizure-free vs. seizure-persistent group as it has already shown a significant difference. Furthermore, the distribution of patients based on Engel class was unequal as we only observed 1 patient with Engel Class III after surgery compared to 22 patients with Engel Class IA (the rest was 12 IIB and 5 IIC).

Q 4 Check List

Reviewer 1 | 08 Jun 2021 | 19:12 #1

Is the English language of sufficient quality?
- No





lower anxiety scores and higher scores in quality of life.

Corresponding Author: Yuriz Bakhtiar | 18 Jul 2021 | 13:00 #2

Thank you for your comments. Besides seizure freedom which has been reported in many studies, we also observed that QoL levels were higher in the SeIAH cohort compared to ATL ones. We think that this might add evidence to opt for SeIAH when indicated as it was associated with higher postoperative QoL, although we need future studies in a larger cohort for more evidence.

Q 2 Please highlight the limitations and strengths.

Reviewer 2 | 26 Jun 2021 | 23:17 #1

The strength is to shed some light on the quality of life after epilepsy surgery in a resource-limited country. The limitations comprise the small number (n=40) of patients, which likely results in many statistically non-significant differences, and the lack of pre-operative data, which is typical for retrospective studies.

Corresponding Author: Yuriz Bakhtiar | 18 Jul 2021 | 13:00 #2

Due to the study design, we were unable to retrieve the preoperative QoL level. We initially aimed to recruit 100 patients however the attrition rate was quite high probably due to changes of address/phone number and stigma associated with psychiatric symptoms and epilepsy. From 62 returned questionnaires, we received 22 incomplete ones which we had to omit therefore the sample size was relatively modest.

Q 3 Please comment on the methods, results and data interpretation. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

Reviewer 2 | 26 Jun 2021 | 23:17 #1

The analysis of data seems uncommon as the dependent variables (such as sex, epilepsy duration etc.) are made to independent variables and vice versa. An alternative way of analysis would be to divide patients by the median (below and above) of each of the scores (independent variables) and to perform an univariate analysis which of the eight dependent variables (sex etc.) is associated with e.g. low vs. high scores in the QoLIE-31. In a second step, multivariate analysis may be performed as it is likely that some of the variables are intertwined (as the authors mention in the manuscript).

Some minor points:

- In the abstract, the authors should give the number and percentage of seizure-free patients.
- How did the authors define seizure freedom, no seizures since surgery or no seizures within the last 12 months?
- 60-80% seizure freedom after epilepsy surgery is rather high (see data from deTisi et al. 2011 Lancet who report 50%).
- How many patients were minors at the time of surgery?
- What is meant by 'duration of epilepsy'; time from onset to surgery or time from onset to assessment in this study? The former would be more relevant.
- Table 4. ZUNQ-SARS: the figures in 'seizure status' and 'follow-up period' are identical, this likely is a typo.
- May the authors develop an idea of a figure which usually facilitates reading of a manuscript.

Corresponding Author: Yuriz Bakhtiar | 18 Jul 2021 | 13:00 #2

Thank you for your comments.

The independent variables of this study were sex, seizure-free status, duration from onset to surgery, surgery type, histopathological data, imaging pathology, and follow-up period while dependent variables were QOLIE-31, ZUNG-SRAS, and BDI-II scores. We have performed the multivariate analysis using two-way ANOVA (see Table 2 for





REVIEW FORUM Corresponding Author [? Need Help? Contact us](#)

- ✓ 1. Initial Validation
- ✓ 2. Editorial Assignment
- ✓ 3. Independent Review
- ✓ 4. Interactive Review
- ✓ 5. Review Finalized
- ✓ 6. Final Validation
- ✓ 7. Final Decision

Postoperative evaluation of the quality of life, depression, and anxiety of temporal lobe epilepsy cohort: a single institute experience in Indonesia

Yuriz Bakhtiar*, Surya Pratama Brilliantika, Jacob Bunyamin, Muhammad Thohar Arifin, Hardian Hardian, Aris Catur Bintoro and Zainal Muttaqin

Original Research, *Front. Neurol.* - Epilepsy

Received on: 11 May 2021, Edited by: Christian Brandt

Manuscript ID: 708064

Keywords: Post-surgical quality of life, Depression, Anxiety, Temporal Lobe Epilepsy, Indonesia



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- A | R = A

Reviewer 1

Independent review report submitted: 08 Jun 2021

Interactive review activated: 27 Jun 2021

Final report submitted: 07 Aug 2021

Recommendation for the Editor: Revision is required

Final Evaluation

Q 1 Final comments to Author (optional):

Reviewer 1 | 07 Aug 2021 | 120:13

Authors exhaustively replied to all comments and satisfied the proposed suggestions.

Q 2 Do you ENDORSE THE PUBLICATION of this manuscript in its current form?

Reviewer 1 | 07 Aug 2021 | 120:13

- Yes

EVALUATION

Q 1 Please summarize the main findings of the study.

Reviewer 1 | 08 Jun 2021 | 119:12 #1

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62 patients responded and only 40 of them were met for the analysis because only they had complete data. The seizure-free group obtained a favorable value significantly compared to the persistent seizure group in anxiety and QOLIE-31 scores. There was a significant negative correlation between overall quality of life and anxiety. Anxiety score also had a significant negative correlation with emotional wellbeing, energy/fatigue, and cognitive.

Corresponding Author: Yuriz Bakhtiar | 18 Jul 2021 | 13:00 #2

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Q 2 Please highlight the limitations and strengths.





- ✓ 1. Initial Validation
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Postoperative evaluation of the quality of life, depression, and anxiety of temporal lobe epilepsy cohort: a single institute experience in Indonesia

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- Reviewer 2 Endorsed
- AIRAA

Reviewer 2
 Independent review report submitted: 26 Jun 2021
 Interactive review activated: 27 Jun 2021
 Final report submitted: 08 Aug 2021

Recommendation for the Editor: Substantial revision is required

Final Evaluation

Q1 Final comments to Author (optional):

No answer given.

Q2 Do you ENDORSE THE PUBLICATION of this manuscript in its current form?

Reviewer 2 | 08 Aug 2021 | 15:19

– Yes

EVALUATION

Q1 Please summarize the main findings of the study.

Reviewer 2 | 26 Jun 2021 | 23:17

#1
 The authors report 40 patients with temporal lobe epilepsy and resection of the seizure focus; 7 years (mean) after surgery, patients were assessed for quality of life, anxiety and depression using standardized questionnaires. These variables were compared in groups of patients stratified for sex, epilepsy duration, neuroimaging findings, surgery type, side of resection, histopathological diagnosis, post-operative seizure status, and duration of follow-up. Selective amygdala-hippocampectomy compared to anterior lobe resection was associated with some higher quality of life subscores, while post-operative seizure freedom was associated with lower anxiety scores and higher scores in quality of life.

Corresponding Author: Yuriz Bakhtiar | 18 Jul 2021 | 13:00

#2
 Thank you for your comments. Besides seizure freedom which has been reported in many studies, we also observed that QoL levels were higher in the SelAH cohort



**ORIGINAL RESEARCH article**

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Postoperative evaluation of the quality of life, depression, and anxiety of temporal lobe epilepsy cohort: a single institute experience in Indonesia

Provisionally accepted We'll notify

you at publication.

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