

The Editor
World Journal of Meta-Analysis

Re: **Gastrointestinal Stress Ulcer Prophylaxis in the ICU, where is the Data?**

Dear Sir/Madam:

Attached, please find the revised editorial and the response to the reviewer's comment. We hope your readership will find this interesting and beneficial. We like to thank the editorial team and reviewers for their feedback and patience. Please feel free to call me with any questions.

Regards

Salim Surani, MD

Reviewers Comments and Response

Reviewer #1: The authors have written an editorial review about drug therapy in Stress Ulcer Prophylaxis in ICU setting. As is obvious no conclusions have been drawn from the literature cited. Trials have shown beneficial results as well as no beneficial results and there are issue of adverse drug reactions including complications (pneumonia and C. difficile infection). Several issues need to be critically reviewed/commented while reviewing this important topic. All of them are missing. These include: I. Critical analysis of the drug trial mentioned/reviewed and how much we can depend upon its conclusions. It is not enough to mention about what trials found but to assess what is the quality of the trial. ii. All meta-analysis need a similar analysis as to the quality of trials reviewed based on several features mentioned in the meta-analysis. iii. Drug dose and route of administration has not been touched at all. iii. The last trial (NEJM2018) which authors mentioned in Abstract and then in the main text needs a critical comment. iv. If all available material is reviewed critically, I am of the opinion we can find why there is so much discrepancies between trials. v. Authors left it open as to what should be done for Stress Ulcer Prophylaxis and what guidelines shall an Intensivist follow for his next patient.

Response: We appreciate the reviewer's candid comment. We agree with the reviewer that no definite conclusion has been drawn one way or the other. This is due to different studies coming up with contradictory results. We do agree and have added that future DB RCT need to be conducted to answer this important clinical issue. In the mean-time clinicians should use their judgement based on the patient condition as it can have a role in high risk patient for GI Bleed. In the view of significant controversies, it would be prudent not to come to a definite conclusion except for making a case for the future major RCT trial.

We also agree with the reviewer and have added the discussion as it pertains to the quality of trial. We also agree with the reviewer regarding the drug dose and administration but that would be more

appropriate for the review or mini-review and would be beyond the scope of the editorial.

Reviewer #2: I think authors need more information's for the new reviews about the protection from gastrointestinal bleeding at ICU.

Response: We appreciate the reviewers input and have added more information in the editorial.