

Reviewer #1:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** Thanks for recommending me as a reviewer. In this paper, the authors aimed to investigate the relationship between COPD and the risk of mild cognitive impairment (MCI) and dementia. If authors complete minor revisions, the quality of the study will be further improved.

1. The introduction section is well written. If the authors describe in more detail the trends of previous studies on association between chronic obstructive pulmonary disease and mild cognitive impairment and dementia risk in the introduction section, it may help readers to understand.

**Response:** Thanks for the comments from the learned reviewer. We have revised the introduction part as per suggested details for the trends of association between chronic obstructive pulmonary disease and mild cognitive impairment and dementia risk (See page no-04).

2. In this paper, statistical analyses were performed using Review Manager software (Version 5.3, Copenhagen: The Nordic Cochrane Centre, The Cochrane Collaboration 2014). But I know that you cannot do funnel plot analysis in Review Manager software. Have you done funnel plot analysis in this study with another program such as R?

**Response:** Thanks for the comments. We did the funnel plot analysis in Review Manager software as illustrated in Figure-7 (a-e). The text for the same have been incorporated in page no-08.

3. In this paper, study quality was assessed independently by two separate reviewers using the Newcastle-Ottawa Scale (NOS). However, no textual results of NOS were presented in the results section. Authors should be more specific about the NOS quality assessment results.

**Response:** Many Thanks for pointing out the missing text. I have added the text for results of the NOS quality assessment (See page no-07).

Reviewer #2:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** This is a very interesting systematic review and meta-analysis that aimed to investigate the relationship between COPD and mild cognitive impairment and dementia risk. In general, the manuscript is well written and the research field is promising. The English language is fine; please check throughout the text for spelling errors (i.e. Title page “diector”; page 23 “disase” and so on).

**Response:** Thanks for the comments. We have checked and corrected now the spell and typo errors throughout the manuscript.

The Figures and tables are detailed and helpful for the reader. I would only suggest to include further discussion on possible sources of heterogeneity between included studies.

**Response:** Thanks for the comments. We have added the text for the possible sources of heterogeneity between included studies (See page no-09).

## **LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH**

**Response:** We have submitted our paper to a language editing company and our paper was revised by a native English speaker.

## **6 EDITORIAL OFFICE’S COMMENTS**

Authors must revise the manuscript according to the Editorial Office’s comments and suggestions, which are listed below:

### ***(1) Science editor:***

This manuscript is a meta-analysis to investigate the relationship between COPD and the risk of mild cognitive impairment (MCI) and dementia. The results does not provide the results of NOS, please verify the supplement, and include further discussion on possible sources of heterogeneity between included studies.

**Response:** The quality score was high in 12 studies and medium in 7 studies and low in 6 studies (Supplementary Table-S1). The assessment criteria involving NOS uses three broad criteria viz. selection, comparability, and exposure. Selection criteria define and analyze the cases and control subjects included in the study, comparability defines the matching or comparison of cases and control subjects for better empirical investigation and exposure determines whether the study was conducted in a blinded or unbiased manner along with the response of the subjects. For “include further discussion on possible sources of heterogeneity between included studies.”, the included studies were of different designs, which may be one of the leading causes of heterogeneity. Other heterogeneity factors may be owing to different geographical populations, variation in the diagnostic criteria of COPD, diversity in the factors undertaken for the multivariate analysis of each included study.

***(2) Company editor-in-chief:***

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

**Response:** Done