

## Response to reviewer comments

Reviewer #1:

**Scientific Quality:** Grade C (Good)

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

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** The Surviving Sepsis Campaign COVID-19 panel issued 54 statements, of which 4 are best practice statements, 9 are strong recommendations, and 35 are weak recommendations. No recommendation was provided for 6 questions. The topics were: (1) infection control, (2) laboratory diagnosis and specimens, (3) hemodynamic support, (4) ventilatory support, and (5) COVID-19 therapy. In statement 22 For adults with COVID19 and refractory shock suggested using low dose corticosteroid therapy ("shock reversal"), over no corticosteroid and statement 42 in mechanically ventilated adults with COVID-19 and ARDS suggested using systemic corticosteroids, over not using corticosteroids. Both were weak recommendation. It is widely known that cytokine storm (CS) exacerbates lung damage as well as leads to other fatal complications in severe COVID-19. Corticosteroids are potent cytokine inhibitors working through several mechanisms. Systemic glucocorticoids administration was empirically used for severe complications in order to suppress CS manifestations in patients with severe COVID-19, such as ARDS, acute heart injuries, acute kidney complication, and patients with higher D-dimer levels, Shoch et al and some clinical effects have been achieved in severe patients with COVID-19. Corticosteroids was an adjuvant therapy recommended by China's National Health Commission. However, there is no evidence from randomized clinical trials indeed. Due to the lack of evidence, the interim guideline of WHO does not support the use of systemic corticosteroids for the treatment of COVID-19 and ARDS. Therefore, efficacy and associated adverse effects of glucocorticoids in COVID-19 need further elucidation. So far, the author thought "that the indirect evidence used for suggesting steroids for COVID-19 may not be adequate in the current time and future data analysis should be directed to find possible evidence in a matched population" is reasonable.

We are extremely thankful for the reviewer for valuable comments and for giving time to review our manuscript in this hard time

Reviewer #2:

**Scientific Quality:** Grade C (Good)

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

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** Validation of current treatment options for COVID-19 is vital for everyday medical practice and will help to choose the right cure for this difficult to treat disorder.

## Step 6: Editorial Office's comments

The author must revise the manuscript according to the Editorial Office's comments and suggestions, which listed below:

**(1) Science Editor:** 1 Scientific quality: This is an editorial of the low dose corticosteroids in COVID-19 with refractory shock. The topic is within the scope of the WJCCM. (1) Classification: Grade C and Grade C; (2) Summary of the Peer-Review Report: Validation of current treatment options for COVID-19 is vital

for everyday medical practice and will help to choose the right cure for this difficult to treat disorder. Due to the lack of evidences, the interim guideline of WHO does not support the use of systemic corticosteroids for the treatment of COVID-19 and ARDS. Therefore, efficacy and associated adverse effects of glucocorticoids in COVID-19 need further elucidated. The questions raised by the reviewers should be answered; and (3) Format: There are no tables or figures. A total of 5 references are cited, including 3 references published in the last 3 years. There are no self-citations. 2 Language evaluation: Classification: Grade A and Grade A. A language editing certificate issued by American Manuscript Editors was provided. 3 Academic norms and rules: The authors provided the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement. No academic misconduct was found in the CrossCheck detection and Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The study is without financial support. The topic has not previously been published in the WJCCM. The corresponding author has not published articles in the BPG. 5 Issues raised: (1) I found no "Author contribution" section. Please provide the author contributions;

Thanks for the editorial team for the hard effort, author contribution added

(2) I found the authors did not add the PMID and DOI in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

PMID and DOI were added

and (3) the author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces.

Done

6 Re-Review: Required.

Done

7 Recommendation: Conditionally accepted.

**(2) Editorial Office Director:** I have checked the comments written by the science editor.

**(3) Company Editor-in-Chief:** I have reviewed the Peer-Review Report, the full text of the manuscript and the relevant ethics documents, all of which have met the basic publishing requirements, and the manuscript is conditionally accepted with major revisions. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report and the Criteria for Manuscript Revision by Authors.

**Step 7: Revise the manuscript**

Please update your manuscript according to the Guidelines and Requirements for Manuscript Revision and the Format for Manuscript Revision for your specific manuscript type: 'Editorial'. Please visit <https://www.wjgnet.com/bpg/GerInfo/291> for the article type-specific guidelines and formatting examples. **We only accept the manuscript in MS Word format, and the manuscript in other formats will be rejected.**

**Step 8: Submit the revised manuscript and all related documents**