

Dear editor, Dear reviewers,

Many thanks for processing and commenting on our manuscript NO.: 61184, entitled "**Expert panel's guideline on cervicogenic headache: the Chinese Association for the Study of Pain (CASP) recommendation**", and for providing us with the chance of revising it and responding to yours and the reviewer's comments. We thank the reviewers for the time and effort that they have put into reviewing the previous version of the manuscript. Their suggestions have enabled us to improve our work.

We made an effort to address all the issues raised by the reviewers and the editorial office in the new version of the manuscript, which I hereby resubmit for your consideration. Please see our responses to each comment in the next pages, with the respective changes made where relevant. A point-by-point response to reviewers' comments is attached in separate pages.

Hope this version of manuscript meet editor's and reviewer's satisfaction.

Sincerely,

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## **The point by point responses to the reviewers' comments:**

### **Response to the Reviewer #1 comments:**

*In this study, Xiao et al summarized evidence supporting the benefits and harms for the management of cervicogenic headache. The recommendations were described in detail, and the reviewer learned a lot from this article. This manuscript contains important information for clinician. After a minor editing, this manuscript should be published.*

We thank the reviewer for their kind words and interested in this expert consensus, we asked an English native speaker for language editing.

### **Response to the Reviewer #2 comments:**

*Authors as pain management experts from different disciplines in multiple centers across the entire country of China performed literature search and analyses on diagnosis and treatment of cervicogenic headache (CEH) in response to the call of the Chinese Association for the Study of Pain in view of the complicated situation handling CEH patients in the country. They took expert consensus voting for the evidence quality and strength and thus finalized 24 recommendations on CEH management in China. This manuscript is well organized and contains critical information for clinician in China as well as in the field worldwide.*

*My specific comments are listed below.*

*1. Table 1 can be presented by two separate tables instead of (a) and (b) under one table.*

Thanks for your suggestion, we separated the Table 1 to two dependent tables.

*2. Evidence and recommendation relevant to patients in China should be discussed.*

Thanks for your suggestion. In this expert recommendation, traditional Chinese medicine (TCM) mostly relevant to patients in China, we add the discussion in the corresponding part.

*3. Writing needs to be improved largely in aspects of English grammar, English and scientific term/phrase as well as scientific flow or logic. Help from a native English speaker in the pain field will be ideal. Examples of correct English phrase vs incorrect one: A group of ... experts vs A ... expert group. Examples of scientific term vs incorrect or non-scientific*

*term: auricular vs ear; pharmacological vs pharmaceutical. Examples of scientific flow in abstract: CEH has been recognized vs ... was ...; A systematic ... performed, summarized evidence supporting ... ; We hope ... for clinicians and patients making treatment decisions ... . (non-logical statements are underlined here).*

We are sorry that we didn't make our statement clear, an English native speaker helped us for language editing, the grammar and scientific flow were largely improved.

4. *Appropriate references should be cited to support critical statements. For examples, only one citation was used in section 4 which contains a large amount of information; no citation was given to critical arguments in the first paragraph of section 2.*

Thanks for your suggestion, we added relevant reference to support critical statements.

### **Response to the Reviewer #3 comments:**

*I would like to applaud the authors for the consideration of this topic and the need to discuss the best treatment approach for CEH. The manuscript lacks in the introduction some significant depth. Missing the justification on the written statements by lack of proper referencing. Suggest having someone with better knowledge of the grammar of the English language review the article.*

We asked an English native speaker helped us for language editing, the grammar and scientific flow were largely improved. We also added relevant reference to support critical statements.

*The recommendations are not supported by the research evidence you provide and this is an issue as this is an evidence based treatment approach and it seems that the expert panel and the research are not supporting each other much. Manuscript needs to include a better way how the modified Delphi process was undertaken. How the journal articles were graded and ranked and by who.*

We are sorry that we didn't make our statement clear. The CASP organized an expert panel consisting of 19 members, including specialists within the fields of pain medicine, neurology, neurosurgery, and rehabilitation in China. A modified Delphi method was employed to establish the guideline related to the target topics in the management of CEH using the population, intervention, comparator, and outcomes (PICO) method. The core

leadership team supervised and coordinated the project and established the clinical questions. The literature review group members were assigned topics based on expertise, 3–4 experts were each responsible for 2–3 clinical questions. GRADE method was used to separately determine the quality of available evidence (rated as high, moderate, low or very low) based on the risk of bias, imprecision, and inconsistency. The expert panel assessed the feedback on the recommendations and evidence provided from the literature review group, and they rated the necessity for each item and selected recommendations in the two-round meeting.

*There is no conclusion.*

Thanks for your suggestion, conclusion is added.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 61184

**Title:** Expert panel's guideline on cervicogenic headache: the Chinese Association for the Study of Pain (CASP) recommendation

**Reviewer's code:** 05383381

### SPECIFIC COMMENTS TO AUTHORS

Review feedback Overall comment: This revision would have benefitted from a rationale why the panel opinion regarding strength of the recommendation is not the same as the evidence provided with the literature. This remains an issue as the guidelines for CGH are moving to a evidence based approach.

Author reply: We are sorry that we didn't make it clear. GRADE method (table 1) was used to separately determine the quality of available evidence (rated as high, moderate, low or very low). Generally, the level of recommendation matches the evidence quality. However, due to the limited evidence for some specific treatment, expert voting panel made recommendations (strong or weak/for or against) following GRADE method (table 2), balance between desirable and undesirable effects, quality of evidence, values, and preferences and costs, lead to somewhere shown (Evidence quality: low, Recommendation strength: strong). This situation also occurs in some expert consensus like (2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee, PMID 31908163; European Academy of Neurology guideline on trigeminal neuralgia, PMID 30860637).

Lines refers to continues line numbering in document Introduction Line 118 needs reference Line 121 needs reference Line 124 needs reference Anatomy and pathophysiology Line 157 needs reference Line 160-1: needs reference Line 164 needs reference Clinical features This section is not offering true clinical features a clinician should look for please be clearer now you only have trigger points. Not clear how this

typical patient will present. Line 179 please clarify if this is active and or passive motion Management Please describe how the CASP selected the experts and what was this based on? Are they equally representing the disciplines to answer your posed questions based on professional expertise? Scope determination section is not aligned well. Might serve the reader better to number them Line 210: this is a statement sentence and not a question. Please revise Recommendation making Line 241: panel made recommendations (change from make) Line 245-6 needs to be explained more. Recommendations: Line 261-267: needs references Line 270-273 needs references Line 276-277: needs references Line 280-283: needs references Minimal invasive Interventional management: Line 317. Consider placing the word: However before Three Line 320-321 needs reference Line 326-328 needs reference Line 331-332 needs reference TCM Line 363: change researches to research and reference Line 366: if you make this statement you have to substantiate this: why should patients across the world cautiously use TCM? Psychological therapy Line 370-371: needs references Health education: Line 380-382. Needs more explanation and needs references Tables are great addition to the paper and explain well. Some headings in blue and last one is not. Be consistent

Author reply: we added relevant reference and made revision for what you mentioned. Please see in the manuscript with blue fonts.