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Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Dear Authors, 1. The Authors must add role of prospective registration of Systematic Reviews and Meta-Analysis and how this helps in de-duplication? 2. The authors needs to add role of Reference Citation Analysis for proper citation and de-

duplication. 3. The authors may add a paragraph on role/names of available paid and free software to avoid de-duplication. 4. Very good opinion review. Thanks

The role of prospective registration of Systematic Reviews and Meta-Analysis and how this helps in de-duplication?

Prospective registration involves registering systematic reviews and meta-analyses in publicly accessible databases before starting the research process. This practice has gained prominence in recent years, primarily due to its significant impact on de-duplication efforts. In a 2022 paper by a German team from Brandenburg Medical School (Theodor Fontane) [29], the authors stated that prospective registration of systematic reviews aims to reduce bias in research conduct and reporting, increase transparency, and prevent unintended duplication, thereby reducing research waste. There are several options available for prospective registration, including PROSPERO, the Registry of Systematic Reviews/Meta-Analyses in Research Registry, INPLASY, the Open Science Framework Registries, and protocols.io. These registries provide search functions to help authors avoid duplicate reviews.

   Prospective registration discourages the submission of the same systematic review or meta-analysis to multiple journals, as researchers and publishers can easily identify prior registrations. Hence reduces the chances of duplicate publications, a common issue in medical literature, which can subsequently lead to de-duplication problems. Registered systematic reviews and meta-analyses are required to provide a detailed protocol outlining their research objectives, methodologies, and inclusion criteria. This transparency helps researchers identify potentially duplicate records, even before data collection begins. Prospective registration fosters collaboration by allowing other researchers to see that other reviews are ongoing or coming up in relation to their own field. But also foster group work and are also discourage the chances of having redundant reviews at the same time.

The role of Reference Citation Analysis for proper citation and de-duplication

Another important tool to improve de-duplication in medical databases is reference citation analysis and this one goes hand in hand with prospective registration. "Use of the unique registration number may be useful in helping track subsequent use or citation of the review to monitor its impact [30]. It involves a meticulous examination of the references cited in articles, and it plays a critical role as via reference citation analysis, researchers can identify secondary publications that stem from the same primary research, such as conference abstracts, journal articles, and systematic reviews. This is crucial for de-duplication, as it helps consolidate related information into a single reference. Citation analysis also aids in ensuring that the primary sources are correctly attributed and cited in systematic reviews and meta-analyses. But also, can reveal citation errors, discrepancies, or inconsistencies in systematic reviews and meta-analyses. Identifying and rectifying these issues contribute to the overall quality of the research synthesis. This helps maintain accuracy and integrity in the research synthesis process.

-R3,3
"Role/names of available paid and free software to avoid de-duplication"
We have added two tables a support of this part.
-We also added three more articles to support the part of "Importance of De-duplication in Evidence Synthesis"

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

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further.

When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: https://www.wjgnet.com/bpg/gerinfo/240.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

(1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.

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(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.

(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

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(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC).

Example 2: Helicobacter pylori (H. pylori)

(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

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Best regards,

Jin-Lei Wang, Company Editor-in-Chief, Editorial Office

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