

Answering Reviewers

Reviewer 1:

From a new perspective point of view, this review synthesizes a large number of literatures and describes the use of autologous platelet-rich plasma (PRP) in the treatment of diabetic foot ulcers (DFUs), which helps to promote the healing rate compared to controls with lower complication rate. The authors systematically reviewed the relevant papers and used statistical methods to analyze the data in this review. The conclusion is basically credible and has guiding significance for clinical treatment of DFUs. It is well organized and summarized and is worth reading for clinicians and researchers who are involved in related treatment work. The footnote explanation at the end is hard to understand and obscure. It should be listed in a relatively easy-to-understand way.

Response:

The authors appreciate your comments; we have removed the footnote at the end of the article. The search terms were listed in the Methods section (Page 6).

Reviewer 2:

This Meta-analysis per is relatively short but summarized useful information in a limited space, and potentially may be a good guide for experts such as physicians in this area. Major comments 1. In Table 1, p values are provided. I assume that it shows p values between PRP and control patient groups. But each set of raw contain several different types of studies (prospective, randomized, case series etc.). Why there is only one p value for each? Probably clear explanation helps. Minor comments 1. Some of formatting (font, DOI in reference missing etc.) may not adhere to the guideline provided by the journal. 2. Tables may need to be adjusted a bit (formatting).

Response:

Major Comment: The authors appreciate your comments; the p values on Table 1 signify the comparison of the weighted mean of demographics between the PRP group vs controls. We have now added a sentence in the methods section (Highlighted on page 7) that clarifies this: "A weighted mean of the demographics (No. of patients, age, % female gender, duration of diabetes, duration of ulcer, HbA1c, and ulcer area) between PRP group vs controls were compared using two-sample Z-tests using p-value of less than 0.05 for significance." The limitations that arise from study heterogeneity were explained in the discussion section (page 10).

Minor Comment 1: Font was changed to Book Antiqua 12 pt with 1.5 line spacing per guidelines. DOIs were added to all citations available and references were reformatted according to guidelines provided. Other formatting issues (order of subsections, abstract format, references, audio core tip etc) were

corrected and responses to track changes added in the revised manuscript.
Minor Comment 2: Table formatting was adjusted per recommendations.
Additionally, original tables with moveable parts were submitted as supplementary material.

Reviewer 3:

A meta-analysis of the use autologous platelet-rich plasma (PRP) to enhance the healing process of diabetic foot ulcers (DFUs). This is a well organized with good quality paper. However, we know that peripheral arterial obstructive disease (PAOD) is frequently associated with the DM patients. If the DFUs are associated with PAOD, poor prognosis and poor healing rate should be predicted. In this paper, authors did not mention the severity of foot ulcers between study and control group. And, did these DFUs caused by or associated with PAOD or not also not clear In addition, the baseline characteristics including sugar control, HbA1C level, medications Hx (cilostazole, ca channel blockers, beta blocker) would be impact on wound healing. I think all of these are important issue in DFUs treatment

Response:

The authors appreciate your comments; the severity of the foot ulcers was measured by ulcer area in cm² in a majority of the studied papers and were included as weighted means in Table 1. Comparison between PRP and control groups were made using two-sample Z-tests using p-value of less than 0.05 for significance. The additional baseline characteristics including length of diabetes, and HbA1C levels are also included as weighted means in Table 1 and were compared using two-sample Z-tests. We agree that medications and the pre-existence of PAOD may be strong confounders in the study; however, the reviewed papers did not include these variables. Thus, we have now added a sentence under the limitations subsection of the discussions section stating: "Another limitation of this review is that most reviewed studies did not include relevant baseline comorbidities including pre-existing peripheral arterial obstructive disease nor baseline home medications and were unable to be compared in this review." (Highlighted on page 10)