

To the editor:

Thank you for sharing the remarks of the reviewer. I would like to make the following responses to the issues raised from the review of my submission:

The scientific significance of this paper is limited by only evaluating the reporting quality of COVID-19 meta-analysis, although it involves a comparison of published paper and preprint paper

I would like to respond to this comment with the following. First, the subject of this invited paper was approved by the WJCC editorial staff before I prepared the manuscript, so I would assume they agree with me about the significance of this subject. Second, there is already an extant literature covering the reporting quality of the pathology literature in a very general way, which does not address the significance of the meta-analysis literature as it pertains to specific subjects. Since hematologists, laboratorians, and others need to make rapid decisions regarding patient care in the COVID-19 pandemic, in my opinion a paper more specifically tailored to their needs would be a necessary addition to the literature. I have modified the title to emphasize the importance of reporting quality.

In the “Study selection” and Figure 1, “The 27 full text of the remaining studies was examined for content, and 31 studies that fell out of scope for further consideration were removed, leaving 19 studies for the analysis”, the numbers were not consistent across this paper

The typographical errors in this section have been corrected. In addition, I modified Figure 1 to make the study selection process clearer.

In the Checklists, “and are assigned an identifier through a service such as doi.org or preprints.org but have not completed the peer-review process”, there is a spelling mistake

This error has been corrected.

In the Checklists, “Because of the small number of elements in the IOM checklist, a quantitative comparison of studies was not practical”, I do not quite understand the meaning of this sentence, since a quantitative comparison of IOM (student t test) has been performed in the “Quantitative aspects of the identified studies:” section

This sentence has been deleted, and the analysis of the IOM score is clarified in the next point (below).

In the “Quantitative aspects of the identified studies:” section, “Because of the limited number of reported elements in the IOM checklist (Table 2), a quantitative analysis and comparison with the PRISMA (Tables 3 and 4) and MOOSE (Tables 5 and 6) checklists was not feasible”, this sentence is very confusing

The IOM checklist consists of 5 required elements and is not nearly as comprehensive as the PRISMA (27 elements) and MOOSE checklists (34 elements). Moreover, the Institutes of Medicine has endorsed the use of the PRISMA checklist. For these reasons, I decided to compare the PRISMA and MOOSE checklist results (see next point). However, I agree with the reviewer that since I did compare the preprint vs published IOM scores, I should clarify my remarks about my use of the IOM scores. So I changed the first sentence of the quantitative aspects of the identified studies to read: “Because of the limited number of reporting elements in the IOM checklist (Table 2), a comparison with the PRISMA (Tables 3 and 4) and MOOSE (Tables 5 and 6) checklists was not performed.”

When calculating the correlation of PRISMA and MOOSE scores, it is important to provide a p value

I agree with the reviewer that it is important to determine the relationship (if any) between the results of the PRISMA and MOOSE scores. However, when calculating a p value (usually using a t test), the purpose is to evaluate whether two groups differ significantly (i.e. do they have the same mean or not). I chose the Pearson coefficient correlation test because I was comparing two groups (PRISMA and MOOSE) which, because they have different numbers of elements (27 in the PRISMA checklist vs 34 in the MOOSE checklist) would be expected to have different means. The important question to be asked was whether, for example, a paper with a high PRISMA score would also have a proportionately high MOOSE score, which is addressed by the Pearson coefficient correlation test.

In the “Discussion” section, a symbol “(ref)” appeared in the main text, which is not appropriate, and some punctuations were missing from the listing paragraph.

I have added the reference to the GRADE criteria in place of the word “ref” and added punctuation.

Tables 3 and 5 should not be presented as their forms in the main text.

Tables 3 and 5 have been deleted and their contents have been added to the renumbered Tables 3 and 4.

As comparing the reporting quality of published studies of COVID-19 to the preprint literature is one of the aims in this paper, the discussions about this part is scarcely.

I have added a section to the discussion (*The preprint literature and its reporting quality*) that now addresses this point.

The suggestions about the further improvement (the last paragraph) are not related to the topic of this paper —“reporting quality”.

This paragraph has been deleted and the concluding remarks are now more closely aligned with the theme of the study.

In closing, I would like to thank the reviewer for his/ her thoughtful critique, which allowed me to improve my manuscript.

Sincerely,
John L Frater, MD