Reviewer's comment:

In this manuscript Patel et al perform a meta-analysis of the efficacy of Remdesivir for the treatment of COVID-19. They mainly included in this analysis 4 randomized controlled trials. The conclusion is the limited efficacy of Remdesivir for treating COVID-19. This manuscript is well written and well performed. However, there are several meta-analysis on the efficacy of Remdesivir already published and reaching similar results to those showed here, a few examples among several others are: Vegivinti et al Ann Med Surg 2021; Kim et al Plos Med 2020; Piscoya et al Plos One 2020; Enoki et al J Glob Antimicrob Resist 2020; Szarpak et al Pol Arch Interm Med 2020). I would reject this paper based in its absolutely lack of novelty.

***Author's response:
Thank you very much for the review and considering it well written and well performed. The several me-analysis are published while this manuscript was under review in world journal of clinical cases.
The our meta-analysis differs from this one in the following aspects:

| Earlier meta-analysis | Parameters covered by earlier meta-analysis | How it differs from our ones? | Our strength |
|---|---|---|---|
| Vegivinti et al Ann Med Surg 2021 | 1. Efficacy outcomes | 1. Did not included safety analysis<br>2. Did not performed the sensitivity analysis of efficacy outcomes<br>3. Included 3 RCTs | 1. Performed the sensitivity analysis as per risk of bias and study design<br>2. Detailed general study characteristics provided<br>3. Risk of bias assessment as per "Revised Cochrane risk-of-bias tool for randomized trials (ROB-II)<br>4. Quality assessment of efficacy and safety parameters as per GRADE approach |
| Kim et al Plos Med 2020 | 1. Network meta-analysis was conducted for the efficacy and safety outcomes | 1. Included both randomized and observational studies in network assessment. That could be the | 1. We only included RCTs.<br>2. Did not included Solidarity trial of WHO |

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| | | reason for finding significant difference in mortality despite of non-significant finding in RCTs.<br>2. Authors did not downgraded the GRADE approach evidence despite small number of studies in remdesivir arm. | |
| Piscoya et al Plos One 2020 | 1. Efficacy and safety outcomes | 1. Included both randomized and observational studies | 1. We only included RCTs.<br>2. Did not included Solidarity trial of WHO |
| Enoki et al J Glob Antimicrob Resist 2020 | 1. Efficacy and safety outcomes | 1. Did not performed the sensitivity analysis of efficacy and safety outcomes<br>2. Included 3 RCTs<br>3. Written as letter to editor | 1. Performed sensitivity analysis as per risk of bias and study design<br>2. Detailed general study characteristics provided<br>3. Risk of bias assessment as per "Revised Cochrane risk-of-bias tool for randomized trials (ROB-II)<br>4. Quality assessment of efficacy and safety parameters as per GRADE approach |
| Szarpak et al Pol Arch Interm Med 2020 | 1. Efficacy outcomes | 4. Did not perform sensitivity analysis of efficacy outcomes<br>1. Included 3 | 5. Performed the sensitivity analysis as per risk of bias and study design<br>6. Detailed general study |

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| | | RCTsWritten as letter to editor | characteristics provided<br>7. Risk of bias assessment as per "Revised Cochrane risk-of-bias tool for randomized trials (ROB-II)<br>Quality assessment for efficacy and safety parameters as per GRADE approach |

*** Changes made on: Suitable additions have been made in the manuscript to highlight the difference from the earlier studies. It is mentioned under the section of study limitations (Page no. 17). The reference numbers 35 to 39 are added for the same.