



PEER-REVIEW REPORT

Name of journal: World Journal of Meta-Analysis

Manuscript NO: 62875

Title: Mortality of critical care interventions in the COVID-19: A systematic review

Reviewer's code: 04600414

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor, Dean, Research Assistant Professor, Teacher

Reviewer's Country/Territory: Indonesia

Author's Country/Territory: United States

Manuscript submission date: 2021-01-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-01-20 07:52

Reviewer performed review: 2021-01-20 08:56

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The authors reported data of mortality in severe covid-19. my comments were 1. In the Introduction the authors should add the background why did this study. Previous data of mortality in ICU, hemodialysis or in ECMO should be added. 2. When search in the data base which the authors did, this article was not included in the final study <https://doi.org/10.1016/j.cyto.2020.155393> . 3. All studies included should be checked if the pre-print study have been reviewed? as we knew the pre prints studies have not been reviewed yet, make the quality of systematic review sub standard. 4. The limitation of the study: There were observational studies which high risk of bias,not RCT.



PEER-REVIEW REPORT

Name of journal: World Journal of Meta-Analysis

Manuscript NO: 62875

Title: Mortality of critical care interventions in the COVID-19: A systematic review

Reviewer’s code: 02728559

Position: Editorial Board

Academic degree: PhD

Professional title: Professor

Reviewer’s Country/Territory: China

Author’s Country/Territory: United States

Manuscript submission date: 2021-01-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-01-20 16:04

Reviewer performed review: 2021-01-23 15:50

Review time: 2 Days and 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The manuscript summarized literatures to conclude mortality of patients in critical care interventions with COVID-19 which made important sense to the treatment of COVID-19. But some data in Table 2 and 3 can not be understood, data by mistakes? Or modifying the Tables makes it easy to understand.