

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Critical Care Medicine

**Manuscript NO:** 66407

**Title:** Clinical benefits of corticosteroid administration during adult cardiopulmonary resuscitation: A systemic review and meta-analysis

**Reviewer's code:** 04334222

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Assistant Professor, Doctor, Instructor

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** Thailand

**Manuscript submission date:** 2021-04-09

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-04-24 18:37

**Reviewer performed review:** 2021-04-24 19:03

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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 selected 32 publications with a total of 146,262 participants for inclusion in the systematic review and meta-analysis. The Authors concluded that Steroid administration during cardiac arrest was associated with better outcomes of resuscitation and, consequently, steroid use may be optional for adults with cardiac arrest. This original conclusion is supported by the extensive literature experiences (29 references) but the limitate international protocols.