

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 68824

**Title:** Is endoscopic retrograde appendicitis therapy a better modality for acute uncomplicated appendicitis? A meta-analysis

**Reviewer's code:** 05040484

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor, Doctor, Professor, Research Scientist

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

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

**Manuscript submission date:** 2021-06-05

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-06-12 07:50

**Reviewer performed review:** 2021-06-12 10:09

**Review time:** 2 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" 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

This systematic review is interesting, but I have a few comments.

- add the Background section to the abstract

Re: Thanks for your comment. The Background section has been added to the abstract.

- all abbreviations must be spelled at the first mention in the abstract

Re: Thanks for your comment. All abbreviations have already been spelled at the first mention in the abstract

- indicate in which specific databases were searched in the abstract

Re: Thanks for your comment. The databases including PubMed, Cochrane Library, Web of Science, Embase database, China National Knowledge Infrastructure (CNKI), the WanFang Database, and Chinese Scientific Journals Database (VIP) and have already been added in the abstract.

- clarify what you call standard treatment in the abstract

Re: Thanks for your comment. In this study, laparoscopic appendectomy is regarded as standard treatment in the abstract. We deleted the 'standard treatment' and change it to laparoscopic appendectomy.

- add the phrase "systematic review" to the title

Re: Thank you for your comment. The phrase "Systematic review" has been added to the title.

- format quotes as requested by the publisher

Re: Format has been changed as requested by the publisher.

- the control group in these meta-analyses consists of patients who underwent laparoscopic appendectomy and / or antibiotic therapy, but these patients cannot be

combined into one group. Authors should compare the effectiveness of the test treatment with only one control group (only appendectomy, only antibacterial therapy, or only a combination of both) or compare it with them separately; studies in children and adults should also be compared separately.

Re: Thank you for your comment. In the revised manuscript, the control group in these meta-analyses only consists of patients who underwent laparoscopic appendectomy and we deleted the 'antibiotic therapy' as few study compared LA with antibiotics treatment. Similarly, the control group in these meta-analyses only consists of adults patients and we deleted the studies regarding 'children' as few study compared adults with children.

- The flowchart should be represented as a trunk from which excluded studies exit: 696 excluded duplicates should not be in the trunk of the diagram, but as a branch

Re: Thank you for your comment. The flowchart (Figure 1) has been changed according to your suggestion.

- Check the math in the flowchart: there are errors

Thank you for your valuable comments. We revised the flowchart based on your suggestions.

- Authors should provide data from published meta-analyzes on the efficacy, safety and incidence of complications after laparoscopic or antibacterial treatment of acute uncomplicated appendicitis in the Introduction and / or Discussion section

Re: Thank you for your comment. Thank you for your comment. We added these data based on your suggestions. Please see the highlighted sections in the Introduction section

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**Title:** Is endoscopic retrograde appendicitis therapy a better modality for acute uncomplicated appendicitis? A meta-analysis

**Reviewer's code:** 05386374

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-06-12 02:49

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**Review time:** 3 Days and 7 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" 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 prospective studies have not been mentioned in the abstract among the inclusion criteria.

Re: Thanks for your comment. The prospective studies have been mentioned in Results section of Abstract.

- Abbreviations should be defined in the text before using (e.g., ETAR and LA in the abstract).

Re: According to your suggestion, abbreviations have all be defined in the text before using.

- Keywords should be selected based on relevant MeSH Terms.

Re: Thanks for your comment. Keywords have already been changed based on relevant MeSH Terms.

- Some parts of the introduction discuss the pediatric populations (P3L17, P4L16). Since the pediatric and adult populations are different in prevalence, medical approach, and many other clinical characteristics, it is recommended to replace these paragraphs with relevant background information about the adult population.

Re: Thanks for your comment. These paragraphs have replaced with relevant background information about the adult population, such as "Appendicitis is one of the most ... " in **Page 4 Line 5** and "Another previous meta-analysis also demonstrated that..." in **Page 5 Line 2**.

- The beginning sentence of the "Materials and Methods", subsection "Search strategy", should be corrected to "Preferred Reporting Items for Systematic Reviews and Meta-Analyses".

Re: Thanks for your comment. The beginning sentence of the "Materials and Methods", subsection "Search strategy", have already been corrected to "Preferred Reporting Items

for Systematic Reviews and Meta-Analyses”.

- The provided PROSPERO registration code does not belong to this study. CRD42021239961 is registered under the title “Can education improve bowel preparation in patients receiving colonoscopy?A a systematic review and meta-analysis” ([https://www.crd.york.ac.uk/prospero/display\\_record.php?RecordID=239961](https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=239961)).

Re: Thanks for your comment. The PROSPERO registration code of this study is CRD42021243955.

- Quality assessment should be mentioned in the methods section of the abstract.

Re: According to your suggestion, the quality assessment of included studies have been mentioned in the Methods section of the Abstract. Meanwhile, the result of quality assessment was shown in the Results section of the Abstract.

- The exclusion criteria should be described thoroughly, including all excluded types of articles (e.g., case report, case series, reviews, etc.).

Re: According to your suggestion, we added the detailed exclusion criteria in the section 2.2 Study selection.

- The authors stated that “Q-test and I<sup>2</sup>-test were used to analyze the heterogeneity of the studies included in this meta-analysis”, but no further details of the heterogeneity assessment has been provided among the result. Moreover, the authors have stated that “the high heterogeneity across included studies was found...” at the beginning of the limitations, without providing results of the heterogeneity assessment.

Re: Thanks for your comment. We stated the heterogeneity in Table 2, which may be ignored. Thus, we added the heterogeneity value in all results, such as: The bed rest time in ERAT group was shorter than LA group [WMD=-3.68, 95% CI (-4.78, -2.58);  $P < 0.001$ ], with high heterogeneity [ $Q=736.21$ ,  $P \text{ heterogeneity} < 0.001$ ,  $I^2=99.0\%$ ] mentioned in **3.1 Bed rest time**

- Figure 1 is not completed properly. All excluded records should be placed on the right side of the flow-diagram, and the main flow should contain the total number of records for each step of the study. Also, the diagram should be continued with a step regarding the “the number of studies included in the quantitative analysis (meta-analysis)”.

Re: Thanks for your comment. We have already updated the Figure 1 according to the suggestion.

- Table 1 should include a column describing the type of study.

Re: Thanks for your comment. We have already added the column in Table 1. according to the suggestion.

- As implied from the caption of Table 2, all studies have been assessed by the Jadad scale. However, it is mentioned in the Materials and Methods section, under the subsection of “Literature quality evaluation and data extraction”, that “For both case-control and cohort studies, Newcastle-Ottawa scale is adopted for assessing the methodological quality...”. Since the Jadad scale is usually used to assess controlled trials, are all studies assessed with the Jadad scale? Which studies are evaluated by the Newcastle-Ottawa scale? The authors should address this inconsistency.

Re: Thanks for your comment. We apologize that fuzzy expression about quality assessment. In fact, 2 case-control studies, and 10 RCTs were included. However, we only presented the quality of 10 RCTs in Table 2. 2 case-control studies [27,31] got a score of 2 (each) using Newcastle-Ottawa scale, which was not described in Table 2. Thus, we added the quality assessment of 2 case-control studies [27,31] in **Supplementary Table1**.

- The references in Table 2 are wrong. The studies should be appropriately cited.

Re: Thanks for your comment. The references in Table 2 have appropriately cited already.

- Table 4 should be replaced with a funnel plot.





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Re: Thanks for your comment. As too many funnel plot should be presented. We present the funnel plot of Main outcomes(Duration of operation) in **Supplementary Figure 1.**

- Although a Non-Native Speakers of English Editing Certificate has been provided, a considerable number of language and grammatical errors are evident in the manuscript ("apendicitis" in the keywords, "thosuand" on P3L12, etc.).

Re: Thanks for your comment. We have polish our manuscript again and revised the language and grammatical errors.

Dear editor,

Thank you for giving us the opportunity to submit a revised draft of the manuscript (68824) for publication in the WJCC. We appreciate the time and effort that you and the reviewers dedicated to providing feedback on our manuscript and are grateful for the insightful comments on and valuable improvements to our paper. We have incorporated the suggestions made by the reviewers. Those changes are highlighted in the manuscript. Please see the point-by-point response to the reviewers' comments and concerns .