

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: The title is self explanatory and clear. This review aims to find out if the addition of opioids to a paravertebral block would have an impact on total analgesic consumption over 24h after breast surgery. The subject is important as breast surgery is the treatment for breast cancer, which is the most common cancer amongst women and has a high incidence of postoperative chronic pain. This review found that the addition of opioids to a paravertebral block has a very limited impact on total analgesic consumption after breast surgery. The manuscript is well written. The Methods section is clear and the Prisma guidelines well followed. The limitations and strength of the manuscript are well described in the discussion. The manuscript is easy to read and interesting.

Response: Thank you for your comments

However, I have a few comments on the Methods section: - I regret there is no registered protocol. It would have added credibility and quality to the review.

Response: We agree with the reviewer that not registering the protocol is a limitation. We were unable to do it due to the long waiting time during the peak of the pandemic. We have now added in the limitation section that: “Lastly, we were unable to register the review protocol on any online database and this is a significant limitation of our review.”

The control group is not clearly described. The author described the control group as receiving a "placebo". It should be clearly described that the control group received a paravertebral block with the addition of a placebo.

Response: We have changed the sentence to: “The Comparison was addition of placebo or no drug to the PVB.”

I would also recommend adding a column in Table 1 with the description of the intervention received by the control group in each included study.

Response: It is now added.

It is not clear whether the analgesic consumption is in morphine equivalents. It would be more clear to add this information. Also, the method used to convert the different postoperative analgesics used, to morphine equivalents is not described in the methods section.

Response: The analgesic drugs used in the individual studies were not the same and not in morphine equivalents. Therefore, since the outcome measured was not on the same scale, we have used “Standardized mean difference” to calculate the effect size of total analgesic consumption. This now clarified in the statistical analysis section where we have added: “Specifically, different analgesics were used by the individual studies for the outcome of ‘total analgesic consumption’, hence we used SMD to pool this variable.”

A reference to the Flow Chart in the results section is missing.

Response: It is already mentioned in the first line of the results that: “The PRISMA flowchart of the review is presented in Figure 1.”

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This meta-analysis “Does the addition of opioids to paravertebral blocks improve pain control in breast cancer surgery patients?: A systematic review and meta-analysis” describes detailed and well elaborated results regarding the use of adjuvant opioids with paravertebral block (PVB) in patients with breast cancer, suggesting a limited role of this therapy. I consider that this manuscript is publishable in the World Journal of Clinical Cases. Moreover, I made some suggestions in order to support the manuscript:

1. Section “Introduction”, first paragraph

“Breast cancer is the most common malignancy in females worldwide and surgical intervention is the primary mode of management even in advances cases...” **I suggest to add: “...even in advances cases (basically palliative in selected populations).”**

Response: It is now added.

2. Section “Introduction”, first paragraph

“While general anesthesia is the standard-setting used for surgical interventions for these patients, a substantial number of individuals encounter significant postoperative pain.” **Is there an estimated percentage of postoperative pain in literature?**

Response: We could not find a reliable estimate for percentage of patients experiencing significant postoperative pain and hence did not add it.

3. Section "Conclusion", first paragraph

"With the limitations of our review, current evidence suggests..." **Delete this: "With the limitations of our review, current evidence suggests..."**

Response: It is now deleted

4. Section "References" PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers (if feasible) to the reference list and list all authors of the references. Please revise throughout.

Response: PMID and DOI where available have been added. All authors have now been listed

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

1 Scientific quality: The manuscript describes a meta-analysis of the the addition of opioids to paravertebral blocks improve pain control in breast cancer surgery patients. The topic is within the scope of the WJCC. (1) Classification: Two Grades B; (2) Summary of the Peer-Review Report: The subject is important as breast surgery is the treatment for breast cancer, which is the most common cancer amongst women and has a high incidence of postoperative chronic pain. This review found that the addition of opioids to a paravertebral block has a very limited impact on total analgesic consumption after breast surgery. The questions raised by the reviewers should be answered; (3) Format: There are 3 tables and 5 figures; (4) References: A total of 41 references are cited, including 20 references published in the last 3 years; (5) Self-cited references: There is no self-cited references; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Two Grades B. A language editing certificate issued by

Shanghai YiSe was provided. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCC.

5 Issues raised: (1) The title is too long, and it should be no more than 18 words;

Response: Title has been changed to: “Impact of adding opioids to paravertebral blocks in breast cancer surgery patients: A systematic review and meta-analysis”

(2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

Response: Figures are generated by the meta-analysis software and are not editable. These are now provided in ppt format.

(3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references.

Response: It is now added

(4) The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text.

Response: It is now added

6 Re-Review: Not required. 7 Recommendation: Conditional acceptance.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)

(2) *Company editor-in-chief:*

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors. Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column

line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

Response: Figures are generated by the meta-analysis software and are not editable. These are now provided in ppt format. We have also provided 3-line tables in a separate file.