

Yang et al, “Effects of physical exercise on the quality-of-life of patients with haematological malignancies and thrombocytopenia—a systematic review and meta-analysis” (Manuscript Number: 70729)

Dear Editor,

Thank you for your 20th October, 2021 letter with the referee comments. We thank the reviewer and the Editor for useful comments and suggestions. We have substantially revised the paper as requested. The important issues raised by the reviewer have been clarified, corrected, and elaborated. We hope the correction of the revised manuscript is satisfactory and met the requirement of *World Journal of Clinical Cases*. Please find the revised manuscript and an outline of reply to the referee. We are happy to make any further change if required.

Yours Sincerely

Tao-Hsin Tung (Corresponding author)

Reply to Reviewer 1

The authors have conducted an interesting systematic review and meta-analysis. I have several suggestions for revision:

1. The paper requires a minor polishing of the English language. Please use the free version of Grammarly at least.

Ans. Thanks for the reviewer's useful comments. We apologize for the bad English grammar. The manuscript has been revised and corrected by an English editor.

Problems with the English usage should be improved.

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EDITORIAL CERTIFICATE

(Ref. OCJLME-MS2021102610R)

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Manuscript title

Effects of physical exercise on quality of life of patients with haematological malignancies and thrombocytopenia – A systematic review and meta-analysis

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Date issued

October 29, 2021

*We are **NOT** responsible for any error in the added content to our revised version after this date.

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We certify that the following article

Effects of physical exercises on quality of life in patients with haematological malignancies during thrombocytopenia: A systematic review and meta-analysis

Tao-Hsin Tung

has undergone English language editing by MDPI. The text has been checked for correct use of grammar and common technical terms, and edited to a level suitable for reporting research in a scholarly journal.

MDPI uses experienced, native English speaking editors. Full details of the editing service can be found at

► <https://www.mdpi.com/authors/english>.



2. The references need to be revised to match the style of the journal.

Ans. Thanks for the reviewer's useful comments. We apologize for the inadequate formats. The formats have been corrected.

3. "four papers in which platelet counts were stopped were also excluded" - please rephrase, how can the platelet count be stopped? Was the intervention stopped due to the platelet count or did the authors stop monitoring the platelet count?

Ans. Thanks for the reviewer's useful comments. We apologize for the inadequate descriptions. In a real-life setting, platelet counts drop following chemotherapy, with the lowest count occurring 7 -10 d post-chemotherapy, and the count can take 2-3 wk to recover. The median time for patients to have a platelet count of $< 20/nL$ was 7 d. Though there is not a low limit cut-off for suspending all physical activity in patients with thrombocytopenia, there are growing clinical practice guidelines for the safety of supervised and combined moderate-intensity exercise performed if patients had a platelet count $> 20\ 000/\mu L$ without active bleeding, severe anaemia, fever, infections or diarrhoea. In the four papers, exercise sessions were suspended in patients with platelets $< 50\ 000/\mu L$ and $< 80\ 000/\mu L$ without any abnormal clinical symptoms, which

had strongly influenced their attendance during the exercises intervention and might have led to an underestimation of the effects of physical exercise on the QoL. The descriptions have been corrected. Please see page 7, line 6-10, page 9, line 26-28.

4. The authors need to be clear about the causes of thrombocytopenia. Are they referring to immune thrombocytopenia? Secondary thrombocytopenia?

Ans. Thanks for the reviewer's useful comments. We apologize for the inadequate descriptions. They are referred to secondary thrombocytopenia, as immune thrombocytopenia is not haematological malignancies, which will not undergo chemotherapy. Please see page 5, line 23-24, line 26-27.

5. The discussions can be improved. Please discuss your results in detail and insist on why your findings are clinically significant. Another possible cause of increase in QoL is the reduction in inflammation following the execution of physical exercise. Insist also on the other subgroups, acute leukaemias and HSCT.

Ans. Thanks for the reviewer's useful comments. Due to only a few studies were conducted to explore the effects of physical exercise on the QoL of patients with haematological malignancies and thrombocytopenia in China, there is still academic value in clinic based on this study. The discussion and limitation have also been corrected. Please see page 9, line 4-6, line 10-11, page10, line 7-10.

6. Patients should not undergo physical exercise without prior consultation with their attending physician. Patients with severe thrombocytopenia are at risk of spontaneous bleeding and this needs to be stressed out.

Ans. Thanks for the reviewer's useful comments. We apologize for the inadequate descriptions. The descriptions have been corrected. Please see page 10, line 7-10.