

**Title:** Influence of overweight and obesity on the mortality of hospitalized patients with community-acquired pneumonia

**Journal:** World Journal of Clinical Cases

## **Response to Reviewers' comments**

Dear Editor,

We thank you for your careful consideration of our manuscript. We appreciate your response and overall positive initial feedback and made modifications to improve the manuscript. After carefully reviewing the comments made by the Reviewers, we have modified the manuscript to improve the presentation of our results and their discussion, therefore providing a complete context for the research that may be of interest to your readers.

We hope that you will find the revised paper suitable for publication, and we look forward to contributing to your journal. Please do not hesitate to contact us with other questions or concerns regarding the manuscript.

Best regards,

## Reviewer #1

*Comment 1: In the abstract, I recommend avoiding the use of abbreviations, or acronym.*

**Response:** We thank the Reviewer for the comment. We removed all abbreviations/acronyms from the Abstract.

*Comment 2: About the Methods An estimate of the sample size was not made, do not consider to what extent the study population is representative of the entire population of interest.*

**Response:** We thank the Reviewer. This study is a retrospective study, so we did not calculate the sample size during the study design. We included as many patients as we could, based on the study period and the inclusion/exclusion criteria. The sample size is relatively large, theoretically, it should be representative to some extent.

*Comment 3: I recommend describing the guidelines for evaluating mortality data collection.*

**Response:** We thank the Reviewer. The death of the patient was queried through the medical record system. If the patient's discharge order were death, then the patient was considered as in-hospital death. Death was judged based on respiratory and cardiac arrest, not including brain death. It was clarified in the sixth paragraph of the MATERIALS AND METHODS.

*Comment 4: About the Results The tables of the results present essential information of a repetitive type in an easily visible and understandable form, although I suggest including in the footnotes of tables 2 and 3 the meaning of the acronym CURB-65.*

**Response:** We thank the Reviewer for the comment. The CURB65 score is a tool for assessing the severity of patients with community-acquired pneumonia, including new-onset confusion; urea  $>7$  mmol/L; respiratory rate  $\geq 30$ /minute, systolic blood pressure  $<90$  mmHg and/or diastolic blood pressure  $\leq 60$  mmHg; and age  $\geq 65$  years<sup>[1]</sup>. It was clarified in the footnotes of Tables 2 and 3.

*Comment 5: In addition, indicate the calls to the footnotes of the table by means of letters or symbols placed as exponents, in alphabetical order.*

**Response:** We thank the Reviewer for the comment. It was revised accordingly.

## Editor #1

*Comment 1: The authors need to provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement.*

**Response:** We are now providing the signed form.

*Comment 2: I found the authors did not write the “article highlight” section. Please write the “article highlights” section at the end of the main text.*

**Response:** We thank the Editor. This study goes beyond the traditional grouping method of body mass index and explores the influence of the relative trend of body weight on the prognosis of community-acquired pneumonia. Overweight or obese patients with community-acquired pneumonia had a lower all-cause mortality rate than normal-weight patients. In addition, the associated infection indicators were also lower than in normal-weight patients. This study has guiding significance for the prognosis of patients with community-acquired pneumonia. It was added at the end of the main text.

*Comment 3: Please use superscript numbers for illustration; and for statistical significance, please use superscript letters. Statistical significance is expressed as  $aP < 0.05$ ,  $bP < 0.01$  ( $P > 0.05$  usually does not need to be denoted). If there are other series of  $P$  values,  $cP < 0.05$  and  $dP < 0.01$  are used, and a third series of  $P$  values is expressed as  $eP < 0.05$  and  $fP < 0.01$ .*

**Response:** We thank the Editor. Table 1 and Table 2 was revised accordingly.

## References

1. Lim WS, van der Eerden MM, Laing R et al. Defining community acquired pneumonia severity on presentation to hospital: an international derivation and validation study. *Thorax* 2003; 58: 377-382. doi: 10.1136/thorax.58.5.377. PMID: 12728155.