

## ESPS Peer-review Report

**Name of Journal:** World Journal of Anesthesiology

**ESPS Manuscript NO:** 7066

**Title:** Dexmedetomidine vs propofol in intensive care unit patients

**Reviewer code:** 00069137

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-11-04 19:34

**Date reviewed:** 2013-11-05 03:57

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The authors have written a very interesting and timely commentary, with novel results. It is of note that the literature on dexmedetomidine is relatively young, and other studies are indeed in progress that could change these results. It is well written. Minor comments. The references need to be checked, in case the "epub" for forthcoming papers is not in accordance with journal guidelines. Some reference numbers are not in square brackets, in paragraph 1 of text body. How did the authors acquire the data from reference 1 to analyze? How were the outcome measures chosen? Was it arbitrary? (1 day hospitalization, 6 h intubation, 40% difference etc..) The authors could numerically mention the number of patients needed to reach conclusions even if it's in the figures. It could be explicitly stated that not all of the studies reviewed had the same outcome measures (for example for delirium, not all 10 studies had this as outcome). It is also worth stating explicitly that the comparator is propofol but other comparators, such as benzodiazepines, have different results.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Anesthesiology

**ESPS Manuscript NO:** 7066

**Title:** Dexmedetomidine vs propofol in intensive care unit patients

**Reviewer code:** 00502975

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-11-04 19:34

**Date reviewed:** 2013-11-05 20:36

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

The submitted manuscript is constructed properly and meets criteria of World Journal of Anesthesiology editorial board. It brings some data regarding to comparison dexmedetomidine and propofol in intensive care unit patients. These sets of data are very pertinent. The grammar, punctuation and language in some place needs to be reviewed. References are actual and permit. References do not follow the instructions for World Journal of Anesthesiology authors. Several reference numbers are not in square boxes. The conclusion is missing.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Anesthesiology

**ESPS Manuscript NO:** 7066

**Title:** Dexmedetomidine vs propofol in intensive care unit patients

**Reviewer code:** 00506105

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-11-04 19:34

**Date reviewed:** 2013-11-08 22:17

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Although the TSA has not found anything new other than what was established by the meta-analysis, as a letter to the editor, it is good to reinforce the point that further analysis also have not established clear benefits of dexmedetomidine. I feel the paper should be accepted Minor comments Core point "Hence, the therapeutic role of dexmedetomidine is still uncertain." Sweeping statement – may be 'therapeutic role of dexmedetomidine in ICU is uncertain' Although the figure has been explained, a little more explanation regarding why the 'Z' line is within the Favors 'T' segment in Panels A and C while it is in Favors "C" segment in Panel B may be helpful for people who do not understand TSA very well

## ESPS Peer-review Report

**Name of Journal:** World Journal of Anesthesiology

**ESPS Manuscript NO:** 7066

**Title:** Dexmedetomidine vs propofol in intensive care unit patients

**Reviewer code:** 00506142

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-11-04 19:34

**Date reviewed:** 2013-11-14 11:31

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

This is a re-analyzing report for the data of the meta-analysis of Xi et al. By using 'trial-sequential analysis (TSA)', the authors demonstrated that dexmedetomidine showed no proof of incremental effectiveness (for length of ICU stay and incidence of delirium) or proof of no incremental effectiveness (for duration of mechanical ventilation) compared to propofol. And they suggest that the therapeutic superiority of dexmedetomidine over propofol is still uncertain. The authors should be commended for a well-written paper and thorough statistical analysis. However, there are some factors that go into determining if a manuscript will be accepted. 1. Including me, most reader may not be familiar with the statistical method of 'trial-sequential analysis (TSA)'. I would recommend including a sentence of more detail description about the TAS (especially, limitations of this statistical method). 2. According to the parent study (meta-analysis of Xi et al), dexmedetomidine significantly reduces the incidence of delirium comparison with propofol. Because of different pharmacological mechanism (lack of GABA agonistic action), this finding has been repetitively demonstrated in previous many laboratory or clinical studies. In this regard, the authors should state the possible reasons of the conflicting result.