

Dear Editor,

We thank the reviewers and editorial team for taking their efforts to improve the article to increase its value for publication. Herewith we submit the revised version of the article addressing the reviewer's comments and the action taken for their valuable suggestions have been mentioned below.

| <b>Reviewer 1 Comments</b>  | <b>Authors Reply</b>   | <b>Action Taken</b>  |
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| The manuscript has been written on a poorly designed study. Furthermore, the scope of this manuscript is not aligned with the scope of this journal. This manuscript is not suitable for publication in its present form.   | Thanks for the comment.<br>The manuscript has been improved as per all the reviewers comments and submitted in World Journal of Meta-analysis as suggested.  | Journal manuscript submission transferred to World Journal of Meta-analysis. |
| <b>Reviewer 2 Comments</b>  | <b>Authors Reply</b>   | <b>Action Taken</b>  |
| The standard description of the included and excluded literatures in this systematic review is not very detailed, the sample size of the included literatures is too small, and the quality of the included literatures is not high enough, so the conclusions drawn are questionable | Thanks for the comment. The criteria have been detailed for clarity. We included the meta-analysis within the purview of the inclusion criteria and the main aim of the systematic overview is to highlight to the readers that despite the increasing number of meta-analysis on the subject the quality is either low or very low and hence the conclusion has to be taken only with caution and we presented the detailed | Inclusion criteria<br>Exclusion criteria                                     |

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|  | <p>the results of the study which had the best of all the available meta-analysis till date on the subject to the readers.</p>   |                                    |
| <p>The heterogeneity of the included literature was not further analyzed in this study</p>   | <p>The included meta-analysis had heterogeneity in results like DASH score, Constant score and short-term re-tear rate was moderate; while heterogeneity of VAS, long-term UCLA score, ASES score, SST score, operative time and long-term re-tear rates. The main reason for the heterogeneity in their results was due to the inclusion of studies other than RCTs being included in their analysis.</p> | <p>Assessment of heterogeneity</p> |
| <p>This study focuses more on the description and summary of the original literature, but there is less analysis of the research data involved in the included literature, and insufficient systematic review research methods are applied to this systematic review</p> | <p>The study is a systematic overview of the meta-analysis on the subject discussed and we aim to identify the quality of the meta-analysis on the subject, identify their lacunae and present to the readers the study with the highest quality of evidence and we did not do meta-meta-analysis of the included primary studies of the included meta-analysis.</p>                                       | <p>Explained</p>                   |

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|   | <p>We followed the research methods prescribed for the systematic overview of the systematic reviews in compliance with PRISMA standards with Jadad Algorithm.<sup>1</sup></p> <ol style="list-style-type: none"> <li>1. Jadad AR, Cook DJ, Browman GP. A guide to interpreting discordant systematic reviews. <i>CMAJ</i> 1997; <b>156</b>: 1411–1416.</li> </ol>  |                  |
| <p>The literature types included in this study are few and the search strategies are not comprehensive enough</p> | <p>We specifically included only meta-analysis to assess the best of all the available meta-analysis on the subject to be presentable to the readers along with their methodological quality. We performed our search in PubMed, Web of Science, Scopus, Embase, Cochrane Database of Systematic Reviews (CDSR), and the Database of Abstracts of Reviews of Effects (DARE) and the electronic search strategy was designed in accordance with the Peer Review of Electronic Search Strategy (PRESS) guidelines. Our search was neither</p> | <p>Explained</p> |

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|  | restricted to any specific language nor confined to any particular period.   |                     |
| This study included few outcome indicators and failed to make a detailed analysis of the surgical effects before and after the use of PRP in the surgical repair for rotator cuff tear | We included meta-analysis that included any of the following outcome measures into inclusion in our analysis, Visual Analog Scale (VAS) score, Disabilities of the Arm, Shoulder and Hand (DASH) score, Constant score, University of California Los Angeles (UCLA) score, American Shoulder and Elbow Surgeons (ASES) score, Simple Shoulder Test (SST) score, operating time, patient satisfaction, tendon healing and re-tear rates. We did not aim to perform a meta-meta-analysis on the data of the included primary studies from all the included meta-analysis and instead we aim to identify the one with the robust methodological quality of all the meta-analysis on the subject as per Jadad Algorithm and present them to the readers. | Explained           |
| <b>Reviewer 3 Comments</b>   | <b>Authors Reply</b>   | <b>Action Taken</b> |
| The manuscript titled by "Evidence   | We performed the search on   | Figure 3            |

| <p>Analysis on the Utilization of Platelet-rich Plasma as an adjuvant in the repair of Rotator Cuff Tears" was done by Muthu S et al, but need some revisions. The database should be update, the figure should be improved, especially Fig.3</p> | <p>September 8, 2021 and presented the data of the analysis accordingly. Figure 3 improved as suggested.</p>   |                            |
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| <p><b>Reviewer 4 Comments</b></p>   | <p><b>Authors Reply</b></p>  | <p><b>Action Taken</b></p> |
| <p>Please reassess Meta-analysis quality with the QUOROM systems</p>  | <p>The methodological quality of the included studies was evaluated with AMSTAR and AMSTAR 2 criteria which are the latest and validated measures of methodological robustness approved by the Equator network. QUOROM systems measures were updated with PRISMA guidelines and the AMSTAR guidelines were developed in due adherence to the PRISMA statement.</p> | <p>Explained</p>           |
| <p>Please only include Level I meta-analyses in the overlapping meta-analyses.</p>  | <p>Since the meta-analysis with lower quality will automatically get rejected by the Jadad Algorithm we did not further restrict the selection of meta-analysis on the subject but instead we thoroughly evaluated their methodological quality and graded them based on their robustness of data and</p>  | <p>Explained</p>           |

|  | research method employed.   |                          |
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| <b>Reviewer 5 Comments</b>   | <b>Authors Reply</b>  | <b>Action Taken</b>      |
| The authors should briefly explain what is PRP in the introduction and that there are different methods used for their preparation that could explain also different results obtained  | Introduction has been updated as per the suggestion.  | Introduction             |
| In the introduction the authors reported “The reported failure rates of rotator cuff repairs vary between 29 and 94%” citing references 1-4. Did the authors mean that the percentage of re-tears is between 29-94%? Authors should consider that there are several repair techniques that are used to treat rotator cuff tears, and the rate of re-tears varies greatly between studies. There are studies where few patients (<29%) displayed a re-tears | The statement has been rephrased for clarity.   | Introduction             |
| It is unclear why the authors did not include “scopus” as electronic database  | The database has been included and updated in the revised manuscript  | Search Strategy<br>Fig 1 |
| In the results the authors reported that 12 were excluded. However, the authors excluded 13 papers starting from 33 and included 20 meta-analysis. The author should check and correct also the supplementary file, where it is reported that 11 studies were excluded   | We apologize for the typographical error. We excluded 13 articles from full-text screen and the same has been updated everywhere. | Search Results           |
| Table 1: the number of the included studies in the meta analysis of Liu et   | We apologize for the typographical error. We  | Table 1                  |

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| al, 2020 is missing   | updated the information in the Table 1   |   |
| A lot of important information is reported in table 7 related to the 5 objectives of the study but this table is scarcely described in the results  | Table 7 has been explained in the results section of the revised manuscript  | Major conclusions from the individual studies |
| The authors reported in the results of the abstract that “The initial size of the tear and type of repair performed do not seem to affect the benefit of PRPs. Among the different preparations used, leucocyte poor (LP)-PRP possibly offers the greatest benefit as a biological augment in these situations.”. However, this part is not fully elucidated in the results | The presented results were based on the study identified by the Jadad Algorithm ie. Zhang et al.[30]<br>We presented to the readers the results of the robust study with the good methodological quality based on Jadad algorithm. | Results                                       |
| There are different types of rotator cuff tears. It is likely that the effects of PRP could be different in the presence of partial and complete rotator cuff tears or isolated tears and combined rotator cuff tears involvement. This point should be better discussed  | Thanks for the valuable comment. The point has been discussed in the revised manuscript.   | Discussion.                                   |
| In the discussion there is no mention about the different arthroscopic surgery techniques that are used to repair rotator cuff tears. It is likely that the use of a specific arthroscopic surgery technique in combination with PRP gives a better result compared to another. This point should be discussed  | Thanks for the valuable comment. The point has been discussed in the revised manuscript.   | Discussion.                                   |

| <b>Science Editor's comments</b>   | <b>Authors Reply</b>   | <b>Action Taken</b>  |
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| In this manuscript, the eligibility criteria was inaccurated and the conclusion is not convincing. Furthermore, the scope of this manuscript is not aligned with the scope of our journal. | The inclusion criteria and the conclusion were revised in view of the reviewer's and editor's comments and the manuscript is now transferred to World Journal of Meta-analysis as suggested. | Journal manuscript submission transferred to World Journal of Meta-analysis. |
| <b>Editorial Office Director's comments</b>  | <b>Authors Reply</b>   | <b>Action Taken</b>  |
| I recommend the manuscript to be published in the World Journal of Clinical Cases  | The manuscript has been transferred to World Journal of Meta-analysis as recommended.  | Journal manuscript submission transferred to World Journal of Meta-analysis. |
| <b>Editor-in-Chief's comments</b>  | <b>Authors Reply</b>   | <b>Action Taken</b>  |
| I recommend the manuscript to be published in the World Journal of Clinical Cases  | The manuscript has been transferred to World Journal of Meta-analysis as recommended.  | Journal manuscript submission transferred to World Journal of Meta-analysis. |