



PEER-REVIEW REPORT

Name of journal: World Journal of Experimental Medicine

Manuscript NO: 59764

Title: Alternative or Complementary Role of Serological Rapid Antibody Test in the Management of RT-PCR Negative COVID-19 Cases

Reviewer's code: 05086048

Position: Editorial Board

Academic degree: PhD

Professional title: Postdoctoral Fellow

Reviewer's Country/Territory: Germany

Author's Country/Territory: Turkey

Manuscript submission date: 2021-01-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-23 11:56

Reviewer performed review: 2021-06-29 18:33

Review time: 6 Days and 6 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Reviewer ID: 05086048

It was pleasure to review the manuscript entitled, “Alternative or Complementary Role of Serological Rapid Antibody Test in the Management of RT-PCR Negative COVID-19 Cases”. Though the finding may be useful, one important information missing from the manuscript, commented below: Serological levels of SARS-CoV-2-specific IgM and IgG in COVID-19 patients. Authors may like to provide images like Figure 1 of published literature (<https://onlinelibrary.wiley.com/doi/10.1002/cti2.1136>) Manuscript may be accepted after inclusion of the above information

Reviewer ID: 05439326

Study is appreciable in terms of study design, patient selection and methodology. The author's effort in honestly acknowledging the limitations is also appreciated. However I would like the authors to introduce the utility of the same in patients who are to undergo for any kind of surgical procedure. As there are studies which recommended particular time limits in order to prevent mortality in patients undergoing elective surgeries after COVID infection. Since this is a retrospective test it holds its utility in this group of patients. If authors would like to include the same, it will be resonating point. However I would recommend this for priority publication to the BPG EDITORIAL TEAM.



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REPLIES TO REVIEWERS:

Reviewer ID: 05086048

We thank Reviewer 05086048 for reviewing our manuscript and finding it useful. We acknowledge that an important limitation of our study is the differentiation between IgM and IgM levels. However, the methodology of the study, which is the utilization of rapid card tests, does not allow to differentiate either between the IgM/IgG or the levels of antibodies. The suggested study from the literature utilized the chemiluminescence immunoassay for antibody detection. However, in our study, we would like to emphasize the importance of rapid card tests, since they are easy and more available to use.

Reviewer ID: 05439326

We thank Reviewer 05439326 for his/her kind words. We acknowledge his points regarding the utilization of rapid card tests before any kind of surgical procedure. However, a critically ill patients with a lacking diagnosis would not be suitable for an elective surgical procedure. Since serological tests can remain positive after patients recovered from COVID-19, this study was not designed to measure the time limits in order to prevent the mortality in patients undergoing elective surgeries after COVID-19 infection. The reason for this is that the current study lacks information regarding the follow-up of patients, which was included in the limitation part.