

Peer Review File

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**Reviewer A**

Comment 1: I don't understand why this is an original article when it is supposed to be a metaanalysis or a review article.

Reply 1: This is a manuscript of evidence summary, which is a kind of review article.

Comment 2: The methodology is not well described.

Reply 2: We are grateful for the suggestion. To be more clear and in accordance with your concerns, we have added a brief description. This is a review manuscript, the method is mainly described by reporting the structured PIPOST problem of evidence summary, describing the search database and search terms, reporting the inclusion and exclusion criteria of evidence, describing the evaluation criteria of literature quality and the grading method of evidence. (please see lines 84-166).

Comment 3: The statistical analysis is not provided.

Reply 3: This is a review manuscript, which does not involve relevant statistical analysis. However, we considered that you might have doubts about the data in Table 2, since we did not express it clearly, we are sorry for your misunderstanding. We added relevant content to make the expression more accurate and clearer, please see lines 129-131. Table 2 is mainly used to illustrate the quality evaluation results of the guidelines evaluated using the AGREE II tool.

Comment 4: The discussion is vague with no definite statistically significant recommendation or good comparison.

Reply 4: This is a review manuscript, without calculation of P-value and relevant comparison. It is mainly a summary of evidence in some literatures of higher quality. You can refer to the same type of literature, Such as [Wang M, Jiang Y, Han W, Jiang L, Mao C. Summary of the best evidence for the prevention of intraoperative unplanned hypothermia in patients undergoing laparoscopic surgery. Gland Surg. Sep 2021; 10 \(9\): 2790-2798.](#)

Comment 5: Even the total number of patients of MG from the 12-article included for review is unknown.

Reply 5: In this review manuscript, members of our evidence team independently evaluated the quality of these 12 articles with relevant literature quality evaluation tools, and finally extracted and summarized the quality evidence. These 12 articles contained guidelines, expert consensus,

clinical decision, etc., which was a comprehensive and objective summary of existing data and evidence without involving the number of people.

Comment 6: The tabular form is exhaustive.

Reply 6: Thank you for your suggestions. All your suggestions are very important and have important guiding significance for my future scientific research work.

## **Reviewer B**

This is a review article where the authors provided a summary of evidence-based recommendations for the identification, prevention, and management of myasthenic crisis (MC) after thymectomy. A rigorous search and review of different databases was conducted, which led to their recommendations, summarized later in Table 4.

Many thanks for your positive comments.

I have a few suggestions:

Comment 1: Like the way they organized their recommendations in Table 4, the authors may consider subdividing the manuscript into pre-operative, intraoperative, and postoperative categories.

Reply 1: Thank you very much for the suggestions from the reviewers. We have subdivided Table 4 into three major areas: preoperative, intraoperative, and postoperative. Within the postoperative management, we have subdivided it into precautions for extubation, respiratory management, The pre-status of MC, emergency management of MC, and health education. Please see the updated Table 4 for details. We have also adjusted the discussion section.

Comment 2: The authors may also like to discuss the effects of Pyridostigmine on neuromuscular blocking agents. It is also important to recognize that anticholinesterase drugs may not only alter the response to both depolarizing and nondepolarizing neuromuscular blocking agents (NMBAs), but also that NMBA reversal may be unpredictable or insufficient if sugammadex is not used for NMBA reversal.

Reply 2: We think this is an excellent suggestion. We have conducted a thorough discussion in accordance with your suggestions, please see lines 280-293. We would like to express our gratitude once again for the reviewer's suggestions.

Comment 3: In table 4, section XXXXV, I wonder why authors have only specified tacrolimus but not other immunosuppressive agents like azathioprine etc.

Reply 3: Thank you very much for discovering this error. We have modified our text as advised, please see section XXXVI of Table 4.

Comment 4: XXVII: The other should also add magnesium monitoring.

Reply 4: Thanks for your comments. We have modified our text as advised, please see section XXVIII of Table 4.

Comment 5: Line 321: Immunoglobulin shock therapy does not seem to be an appropriate term. The authors should consider replacing it or might just say intravenous immunoglobulin (IVIG) therapy.

Reply 5: We sincerely thank the reviewer for careful reading, As suggested by the reviewer, we have corrected the “immunoglobulin shock therapy” into “intravenous immunoglobulin (IVIG) therapy”. Please see line 351.

### **Reviewer C**

Comment 1: First, the authors need to reconsider whether this study should be reported as a review of the available clinical evidence and the assessment of the quality of the evidence. The title also needs to indicate the prevention, risk assessment, and management. My other consideration is the broad focus of this study, prevention, risk assessment, and management of MC.

Reply 1: Thank you for the reviewer's comments. This is a manuscript of evidence summary, which is a kind of review article. Previously, the management of MC after surgery has focused on a small number of aspects, such as emergency treatment and medication management, without a comprehensive framework. Nurses also lack a holistic understanding. We aim to compile evidence related to MC, including its overall perioperative risk assessment, prevention, and management.

Comment 2: Second, the purpose is to find the most reliable and quality evidence for the management of MC. So, it is not appropriate to include clinical guidelines and expert consensus unless they are real-time updated. I suggest the authors retrieve systematic reviews and RCTs and analyze their evidence. Unless there is no such evidence, the authors need to consider observational studies, case reports, guidelines, and expert consensus.

Reply 2: Thank you for the reviewer's suggestions. We have re-searched the relevant databases and found that there are few systematic reviews and RCTs, and there are currently no updated clinical guidelines. We feel that the current evidence is still acceptable. Thank you again for the reviewer's suggestions. In the future, we will continue to focus on updating knowledge and evidence in this area.

Comment 3: Third, the abstract needs to have comments on the effective interventions and assessment methods for MC.

Reply 3: Thank you for the reviewer's suggestions. Please see lines 27-29.

Comment 4: Fourth, in the introduction, the authors need to explain why they adopted the current methodology to obtain the optimal evidence. Please also have comments on the knowledge gaps and major clinical questions in the management of MC.

Reply 4: Thank you very much for the suggestions made by the reviewer. We have made modifications according to your suggestions. Please see lines 75-78. Thank you again.

Comment 5: Fifth, in the methodology, please consider to use GRADE to assess the evidence from RCTs. The inclusion criteria should define the publication dates of the guidelines and expert consensus.

Reply 5: Thank you for this valuable comment. We believe that the Cochrane bias risk assessment tool can still effectively assess the quality of RCTs. In the future study, we will perform related studies to deeply and thoroughly understand this problem. Table 1 indicates the publication dates of clinical guidelines, expert consensus, etc. Thank you very much for this creative idea.

Comment 6: Sixth, the results should not describe the quality of the evidence only. Please have summary of the evidence and the recommendation levels.

Reply 6: Thank you very much for the suggestions from the reviewers. Evidence level and recommendation level was decided by the research team group. The evidence team comprised four researchers who systematically studied evidence-based nursing. When there was a conflict between evidence from different sources, high-quality evidence was prioritized. Similar articles such as [Wang M, Jiang Y, Han W, Jiang L, Mao C. Summary of the best evidence for the prevention of intraoperative unplanned hypothermia in patients undergoing laparoscopic surgery. Gland Surg. Sep 2021; 10 \(9\): 2790-2798.](#)