

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	The safety and efficacy of daptomycin versus other antibiotics for skin and soft tissue infections: a meta-analysis of randomized controlled trials.
AUTHORS	Wang, Shou Zhen; Juntao, Hu; Chi, Zhang; Wei, Zhou; Chen, Xian Feng; Jiang, Liang Yan; Tang, Zhanhong

VERSION 1 - REVIEW

REVIEWER	Victoria Allgar University of York
REVIEW RETURNED	11-Mar-2014

GENERAL COMMENTS	<p>It needs proof reading, in particular to formatting.</p> <p>In figure 2 these are screenshots of the analysis, it is better to use REVMAN figures to present the data and tables.</p> <p>The analysis approach is correct.</p> <p>It needs a full proof read.</p>
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REVIEWER	Jennifer Stephens Pharmerit North America, LLC USA
REVIEW RETURNED	25-Mar-2014

GENERAL COMMENTS	<p>1. Authors need a thorough read through (preferably by a medical writer) and fix several grammatical errors and some typos</p> <p>Methods are fine and results explained in detail, but the writing needs to be improved in order to be acceptable for a publication</p>
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REVIEWER	Dryden, Matthew RHCH, Winchester, UK
REVIEW RETURNED	18-Apr-2014

GENERAL COMMENTS	<p>Major revision to English and grammar and style required</p> <p>This meta-analysis does not add much more than the published registration trials on daptomycin which also show non-inferiority in efficacy for daptomycin in SSTI over comparators. They also show</p>
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	acceptable safety profile. So, I dot think this meta-analysis adds anything.
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VERSION 1 – AUTHOR RESPONSE

First,all the reviewers mentioned that the manuscript needs proof reading and there are numerous grammatical problems exist. To deal with the above problems,the first author asked his English teacher Helen Cadogan for help. They spent many hours together doing the proof reading on the screen and on paper. If there was any question,they discussed thoroughly before making any revision. And the author checked time and again to make sure that they woundn't misunderstand the citations' genuine idea.We tried our best to make the writing easier to read.Helen is not a medical writer,but I trust her very much and listed her name on the acknowledgements.We also moved tables and figure into the text,not behind the references as the previous manuscript.And there are numerous formatting changes.

Second,the conflict of interests was stated as 'None declared' as suggested by reviewers 1,2 and 3.

Third,the reviewer 1 suggested us to replace screenshots in Figure 2,3 and 4 with REVMAN's figure.We did accordingly and there was no change in data.But in Fig.3 D,the $I^2=56\%$,but we used fixed model to do the meta-analysis,that's a mistake and we changed it to random model in the revision.However,the result remain unchanged after the revision.

Fourth,in the discussion section,we mentioned a literature about daptomycin which was a historically controlled trial(not randomized) and was excluded in our meta-analysis,but we forgot to cite it in the previous manuscript and we fixed it in the revision.The newly added citation is numbered 25 in the text.

Fifth,the reviewer 3 said our manuscript did not add much than the published trials themselves.That's not entirely true,we successfully extracted much more data and got more patients enrolled in the meta-analysis which means if the methods was right,we might get more credible conclusions.We did subgroup analyses for SA,for MRSA,daptomycin vs. vancomycin,and for CPK elevation etc.Much of the data were the first time extracted about daptomycin and analysed by meta-analysis method.The purpose of this manuscript was not to overturn daptomycin's non-inferior safety and efficacy to other drugs,but to make the idea daptomycin is an eligible alternative agent for other first-line drugs more clear adn solid.

Finally,sir,we appreciate this chance heartfully,but our talents is rather limited and the revision was done by the author and his friend Helen Cadogan.If the results of these efforts is not satisfying,we'll try it again and ask help from others.Thank you for your time and valuble help!