

## 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.

## ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Thread embedding acupuncture for musculoskeletal pain: a systematic review and meta-analysis protocol
<b>AUTHORS</b>	Cho, Yeeun; Lee, Seunghoon; Kim, Jihye; Kang, Jung Won; Lee, Jae Dong

## VERSION 1 – REVIEW

<b>REVIEWER</b>	Kayleigh De Meulemeester Ghent University (Belgium)
<b>REVIEW RETURNED</b>	24-Jan-2017

<b>GENERAL COMMENTS</b>	<p><b>GENERAL</b></p> <ul style="list-style-type: none"><li>- Is this protocol already completed ? Since you state the search was performed until 10 november 2016, if so, please write the whole manuscript in past tense.</li><li>- I think it's very uncommon to included unpublished articles in a systematic review, I would only include published or accepted articles.</li><li>- Please read and adapt the manuscript for correct scientific English, there are a lot of grammatical errors.</li><li>- Please write more in the passive tense: for example :studies can't compare, change this into: 'studies in which...were compared'</li></ul> <p><b>ABSTRACT</b></p> <p>Line 22: ongoing studies, does this mean that these studies were not published and thus not peer reviewed yet?</p> <p>Line 24: please change: "specific points for musculoskeletal pain" into "specific points for the treatment of musculoskeletal pain"</p> <p>Line 29: please change "for musculoskeletal pain" into "for the treatment of skeletal pain"</p> <p><b>INTRODUCTION</b></p> <p>Page 4</p> <p>Line 7: please remove "as a single symptom"</p> <p>Line 22: please add "and" before "dizziness"</p> <p>Please replace "annually" after "are caused"</p> <p>Line 22-27: please add prevalences of Korea and/or China instead of the US</p> <p>Line 17: why only considering pharmalogical treatment? Musculoskeletal pain is often treated by means of other types of treatment such as manual therapy, physical therapy,... Please add something about these types of treatment and their importance, and mention why you choose to discuss CAM.</p> <p>Line 43: please give more information about these specific points</p>
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Line 45: please change this sentence into: "Thread embedding acupuncture involves the insertion of a medical thread, which is attached to a guide needle, into the skin overlying specific acupuncture or tender points".  
Line 45: is there information about using this technique for the treatment of myofascial trigger points?  
Line 48: please change the sentence into: "the needle is removed after insertion and the medical threads remain embedded in the tissue"  
Line 50: which tissue: muscle, skin subcutaneous tissue? Please specify  
Line 50: please change "over three weeks" into "After three weeks", please remove "is" before "gradually", add "the" before subcutaneous tissue  
Line 51-53: why is there a stronger and longer effect of TEA, compared to acupuncture? Is there an available RCT which confirms this?  
The problem and aim are not clearly and sufficiently described.

Page 5

Line 6: please add "for the treatment of musculoskeletal pain"  
Line 6: effective and safe compared to other techniques ? Please clarify. Also add this in the objectives section.

#### METHODS

Line 27: "is presented in the online supplementary appendix 1"  
Please add a section entitled "research question in which you describe the objective of this review based on the PICOS approach (Patient/Population, Intervention, Comparison, Outcome and Study design).

Eligibility criteria: please also add information about the control group (Comparison) of the included RCTs.

Line 34: Only randomised controlled trials in which musculoskeletal pain was treated with TEA were included...

Why no restrictions on language? I think it's very uncommon to include unpublished articles.

Line 42-43: what about patients with fibromyalgia, whiplash associated disorders, fractures, ... are these patients also excluded?

Line 48-49: please give more information about these specific points in the introduction.

Line 48-49: Studies about the effect of TEA at specific points...

Line 51: please clarify what this active treatment involves.

Please change: Studies in which the effect of TEA was compared to no treatment, ... were included. Studies in which herbal medicine (...,...) was applied were excluded.

Line 53: please replace "When the..." into "In case the..."

Page 6

Line 7: please change: primary outcome measures

Line 12-13: Please specify "functional scale specific to the presenting condition", this is too vague

Line 15: please change: severe adverse events of the treatment

Line 18: please change: "secondary outcome measures"

Line 20-21: Please specify subjective improvement and proportion of objective measures; which objective measures?

Search methods for identification of studies: please add a complete search strategy based on the PICOS question and BOOLEAN search in a table.

Please add the URLs of the databases.

Line 57: uncommon to include ongoing studies

	<p>Page 7 Please add "qualification of searchers" as an additional section (see PRISMA guidelines) Selection of studies: what about the second screening phase ? you mentioned only a screening based on title and abstract. After this first screening phase, articles should be screened on full tekst too. Was the screening performed blinded and independent from each other? Line 33: please define low risk, high risk and unclear risk</p> <p>Page 9 Line 9: please change methodological quality Line 21: please replace "where" by "In case" Line 30: change object into "goal" or "aim" or "objective" Line 31-32: for the treatment of musculoskeletal pain</p>
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<b>REVIEWER</b>	<p>WONG, Yiu Ming Health Science Unit (PEC) Hong Kong Physically Handicapped &amp; Able Bodied Association HONG KONG</p>
<b>REVIEW RETURNED</b>	28-Mar-2017

<b>GENERAL COMMENTS</b>	<p>1) Page 4, line 9: Although TEA has been widely used for the treatment of musculoskeletal pain in Korean and China. Reviewer's suggestion: ..... in Korea, China and Taiwan.</p> <p>2) Page 4 (line 43 - 44): (e.g., catgut or polydioxanone (PDO)) into subcutaneous tissue at specific points. Reviewer's suggestion: The suture thread manufacturers do not use cat intestines, they use bovine or ovine (cow or sheep) intestines.</p> <p>3) Page 4 (lines 50 - 51): Over three weeks, the embedded thread is gradually softens, decomposes and dissolves in subcutaneous tissue. Reviewer's suggestion: The complete absorption would take 40 -100 days, the duration depends on the types of thread. The thread embedding inside human bodies longer will increase the risk of tissue reactivity.</p> <p>4) Other suggestion: Different absorbable threads have different sizes of diameter (usually 0.05 - 0.5 mm), materials and absorption profiles. The choice of the thread may affect the treatment outcomes in thread embedding acupuncture. Thus, the authors may need to clarify specifications of the threads used in the previous studies.</p>
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<b>REVIEWER</b>	<p>Shefton J Parker RMIT University, Australia</p>
<b>REVIEW RETURNED</b>	05-Apr-2017

<b>GENERAL COMMENTS</b>	<p>The review is an interesting one. TEA is not commonly used in westernised countries and in some is forbidden. This has raised controversy amongst the health community on it's efficacy and safety. This review may provide some needed evidence to inform regulators and patients.</p> <p>The review protocol has been well prepared. Search term selection requires further justification and there are a couple of significant Chinese databases that have not been included in the search.</p>
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	<p>It would be interesting for the reviewers to evaluate TEA use and or prohibition more globally in their resulting paper. As well some more discussion of controversy surrounding its practice in westernised countries. Consider how the results may influence practice/policy in such regions and reference relevant codes/guidelines. See PDF comments provided for other queries.</p> <p>The reviewer also provided a marked copy with additional comments. Please contact the publisher for full details.</p>
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## VERSION 1 – AUTHOR RESPONSE

### [Reviewer1 COMMENTS]

Reviewer Name: Kayleigh De Meulemeester

Institution and Country: Ghent University (Belgium)

Please state any competing interests or state 'None declared': None declared

#### - GENERAL

Reviewer's comments)

1. Is this protocol already completed? Since you state the search was performed until 10 november 2016, if so, please write the whole manuscript in past tense.

2. I think it's very uncommon to included unpublished articles in a systematic review, I would only include published or accepted articles.

3. Please read and adapt the manuscript for correct scientific English, there are a lot of grammatical errors.

4. Please write more in the passive tense: for example :studies can't compare, change this into: 'studies in which...were compared"

Authors' responses)

1. We will search databases from inception to 14 May 2017. We revised the date.

2. We agree with this recommendation. We will exclude unpublished articles in this review.

3. We received proofreading, but there were some grammatical errors. We reviewed this paper again and revised it.

4. We agree with this recommendation, and we wrote this protocol more in the passive tense.

#### - MAIN TEXT (ABSTRACT)

Reviewer's comments)

1. Line 22: ongoing studies, does this mean that these studies were not published and thus not peer reviewed yet?

2. Line 24: please change: "specific points for musculoskeletal pain" into "specific points for the treatment of musculoskeletal pain"

3. Line 29: please change "for musculoskeletal pain" into "for the treatment of skeletal pain"

Authors' responses)

1. 'Ongoing studies' means that as your opinion. However, we will not include 'ongoing studies' in this review. So we will delete 'ongoing studies' for clarity.

2,3. We agree with this recommendation and changed that.

#### - MAIN TEXT (INTRODUCTION) : Page 4

Reviewer's comments)

1. Line 7: please remove "as a single symptom"

2. Line 22: please add "and" before "dizziness"

3. Please replace "annually" after "are caused"

4. Line 22-27: please add prevalences of Korea and/or China instead of the US
5. Line 17: why only considering pharmacological treatment? Musculoskeletal pain is often treated by means of other types of treatment such as manual therapy, physical therapy,... Please add something about these types of treatment and their importance, and mention why you choose to discuss CAM.
6. Line 43: please give more information about these specific points
7. Line 45: please change this sentence into: "Thread embedding acupuncture involves the insertion of a medical thread, which is attached to a guide needle, into the skin overlying specific acupuncture or tender points".
8. Line 45: is there information about using this technique for the treatment of myofascial trigger points?
9. Line 48: please change the sentence into: "the needle is removed after insertion and the medical threads remain embedded in the tissue"
10. Line 50: which tissue: muscle, skin subcutaneous tissue? Please specify
11. Line 50: please change "over three weeks" into "After three weeks", please remove "is" before "gradually", add "the" before subcutaneous tissue
12. Line 51-53: why is there a stronger and longer effect of TEA, compared to acupuncture? Is there an available RCT which confirms this? The problem and aim are not clearly and sufficiently described. Authors' responses)
  1. We agree with this recommendation and removed it.
  2. We agree with this recommendation and added it.
  3. We deleted that sentence following your comment that the prevalence of Korea or China is needed instead of the US.
  4. The exact statistical data about the adverse events of NSAIDs were only US data, so we cited it first. According reviewer's comment, we searched more studies. There was no accurate statistical data about the adverse effect of NSAIDs in Korea or China. So it was replaced with the Korean data that the rate of ulcer complications was increased with long-term use of NSAIDs.
  5. We agree with this recommendation and added 'In particular, CAM such as manual therapy, yoga, physical therapy and meditation, is known to have chronic pain-relief effect and recommended as treatment for pain'.
  6. 'Specific points' mean 'traditional acupuncture points or tender points'. It was described in page 5(line 48-49). We added that in introduction.
  7. We agree with this recommendation and changed it.
  8. It is not common to practice TEA on the myofascial trigger point. Usually, TEA is placed on the muscle. Based on your feedback, we modified 'myofascial trigger point' to 'muscle'.
  9. We agree with this recommendation and changed it.
  10. In clinical practice, TEA can be placed on muscle or subcutaneous tissue. We changed 'tissue' to 'muscle or subcutaneous tissue'.
  11. We agree with this recommendation, removed 'is' before 'gradually' and added 'the' before 'subcutaneous tissue'. We changed 'over three weeks' to 'over long times'. According to third reviewer's comment, we added the complete absorption time of TEA as following sentence.
  12. One Chinese RCT trial confirmed that TEA had better effect compared to acupuncture in reducing pain of patients with lumbar intervertebral disc herniation. We reinforced it by adding this phrase.

- MAIN TEXT (INTRODUCTION) : Page 5

Reviewer's comments)

1. Line 6: please add "for the treatment of musculoskeletal pain"
2. Line 6: effective and safe compared to other techniques? Please clarify. Also add this in the objectives section. Authors' responses)

1. We agree with this recommendation and added it.
2. We agree with this recommendation and added it.

Reviewer's comments)

1. Line 27: "is presented in the online supplementary appendix 1"
2. Please add a section entitled "research question in which you describe the objective of this review based on the PICOS approach (Patient/Population, Intervention, Comparison, Outcome and Study design).
3. Eligibility criteria: please also add information about the control group (Comparison) of the included RCTs.
4. Line 34: Only randomised controlled trials in which musculoskeletal pain was treated with TEA were included...  
Why no restrictions on language? I think it's very uncommon to include unpublished articles.
5. Line 42-43: what about patients with fibromyalgia, whiplash associated disorders, fractures, ... are these patients also excluded?
6. Line 48-49: please give more information about these specific points in the introduction.
7. Line 48-49: Studies about the effect of TEA a specific point
8. Line 51: please clarify what this active treatment involves.
9. Please change: Studies in which the effect of TEA was compared to no treatment,... were included. Studies in which herbal medicine (.....) was applied were excluded.
10. Line 53: please replace "When the..." into "In case the..."

Authors' responses)

1. We agree with this recommendation and revised it.
2. We agree with this recommendation and added a section entitled 'research questions based on the PICOS approach'.
3. We changed 'types of interventions' to 'types of interventions and comparisons'.
4. No restriction on language is intended to reduce selection bias, and most systematic review and meta-analyses do not have restriction on language. And we will exclude unpublished articles. We revised that.
5. The studies about patients with fibromyalgia will be excluded as fibromyalgia is a systematic disease. The studies about patients with whiplash associated disorders or fractures will be included.
6. 'Specific points' mean 'traditional acupuncture points, ashi points or muscles'. We added in introduction.
7. We agree with this recommendation and revised it.
8. 'Active treatment' involves 'physical therapy, oral medication, surgery, injection or other traditional medical treatments'. We described it.
9. We agree with this recommendation and revised it.
10. We agree with this recommendation and replaced it.

Reviewer's comments)

1. Line 7: please change: primary outcome measures
2. Line 12-13: Please specify "functional scale specific to the presenting condition", this is too vague
3. Line 15: please change: severe adverse events of the treatment
4. Line 18: please change: "secondary outcome measures"
5. Line 20-21: Please specify subjective improvement and proportion of objective measures; which objective measures?
6. Search methods for identification of studies: please add a complete search strategy based on the PICOS question and BOOLEAN search in a table. Please add the URLs of the databases.
7. Line 57: uncommon to include ongoing studies

Authors' responses)

1. We agree with this recommendation and changed it.
2. We agree with this recommendation and added 'functional scale specific to the musculoskeletal diseases such as range of motion (ROM)'.
3. We agree with this recommendation and changed to 'severe adverse events related to the treatment'.
4. We agree with this recommendation and changed it.
5. 'Subjective improvement' means the improvement of symptoms judged subjectively by patient or doctor. We deleted 'objective measures' to clarify meaning.
6. We agree with this recommendation and revised search strategy. See appendix 2 for details. The search terms consist of patients and interventions to make searching a lot of studies. Through the screening, we will hand search the papers satisfying the types of comparison, outcomes and study designs.
7. We will exclude ongoing studies.

- MAIN TEXT (METHODS) : Page 7  
Reviewer's comments)

1. Please add "qualification of searchers" as an additional section (see PRISMA guidelines)
2. Selection of studies: what about the second screening phase? you mentioned only a screening based on title and abstract. After this first screening phase, articles should be screened on full tekst too.
3. Was the screening performed blinded and independent from each other?
4. please define low risk, high risk and unclear risk

Authors' responses)

1. We agree with this recommendation and added in PRISMA-P checklist.
2. We agree with this recommendation and revised it.
3. Yes. We described 'independent authors'.
4. We will assess the risk of bias based on the Cochrane Collaboration's 'risk of bias' tool. There are criteria to judge the degree of risk of bias according to each domain. In general, 'Low risk' rating means the least bias that the results of study are considered valid. 'Moderate risk' rating indicates that study has some bias not enough to validate the results. 'High risk' rating means significant bias that may invalidate the results. Definitions are listed here and have not been added to this protocol.

- MAIN TEXT (METHODS) : Page 9  
Reviewer's comments)

1. Line 9: please change methodological quality
2. Line 21: please replace "where" by "In case"
3. Line 30: change object into "goal" or "aim" or "objective"
4. Line 31-32: for the treatment of musculoskeletal pain

Authors' responses)

1. We agree with this recommendation and changed it.
2. We agree with this recommendation and replaced it.
3. We agree with this recommendation and changed 'object' to 'aim'.
4. We agree with this recommendation and revised it.

[Reviewer2 COMMENTS]

Reviewer Name: WONG, Yiu Ming

Institution and Country: Health Science Unit (PEC), Hong Kong Physically Handicapped & Able Bodied Association, HONG KONG

Please state any competing interests or state 'None declared': None declared.

- GENERAL

Reviewer's comments)

1. Page 4, line 9: Although TEA has been widely used for the treatment of musculoskeletal pain in Korean and China.

Reviewer's suggestion: ..... in Korea, China and Taiwan.

2. Page 4 (line 43 - 44): (e.g., catgut or polydioxanone (PDO)) into subcutaneous tissue at specific points.

Reviewer's suggestion: The suture thread manufacturers do not use cat intestines, they use bovine or ovine (cow or sheep) intestines.

3. Page 4 (lines 50 - 51): Over three weeks, the embedded thread is gradually softens, decomposes and dissolves in subcutaneous tissue.

Reviewer's suggestion: The complete absorption would take 40 -100 days, the duration depends on the types of thread. The thread embedding inside human bodies longer will increase the risk of tissue reactivity.

4. Other suggestion: Different absorbable threads have different sizes of diameter (usually 0.05 - 0.5 mm), materials and absorption profiles. The choice of the thread may affect the treatment outcomes in thread embedding acupuncture. Thus, the authors may need to clarify specifications of the threads used in the previous studies.

Authors' responses)

1. We agree with this recommendation and added 'Taiwan'.

2. We agree with this recommendation. 'Catgut' in this review means not 'cat intestines' but 'type of cord that is prepared from the natural fibre found in the walls of animal intestines'. The definition of catgut is well described in wikipedia, and same meaning is used in this review.

3. We agree with this recommendation and added 'The complete absorption times differ depending on the types of thread. The absorption of PDO is known to be slow during first 3 months, and proceed until 180 to 210 days'.

4. We agree with this recommendation. We plan to conduct subgroup analysis according to type of thread. If there are mentions of size, materials and absorption profiles of thread in the included studies, we will analyse it.

[Reviewer3 COMMENTS]

Reviewer Name: Shefton J Parker

Institution and Country: RMIT University, Australia

Please state any competing interests or state 'None declared': None declared

- GENERAL

Reviewer's comments)

1. The review is an interesting one. TEA is not commonly used in westernised countries and in some is forbidden. This has raised controversy amongst the health community on it's efficacy and safety. This review may provide some needed evidence to inform regulators and patients.

2. The review protocol has been well prepared. Search term selection requires further justification and there are a couple of significant Chinese databases that have not been included in the search. It would be interesting for the reviewers to evaluate TEA use and or prohibition more globally in their resulting paper.

3. As well some more discussion of controversy surrounding its practice in westernised countries. Consider how the results may influence practice/policy in such regions and reference relevant codes/guidelines.

4. See PDF comments provided for other queries.

Authors' responses)

1. TEA is widely used treatment by oriental medical doctors in Korea and China. Many studies about the effect of TEA on pain are reported.



2. We agree with this recommendation. We will search three Chinese databases. We added VIP and the Wanfang database, and revised search strategy.
3. We agree with this recommendation and added 'Moreover, these results are also available to health care professionals in Western countries who are unfamiliar with the use of TEA' in discussion.
4. Other modifications are summarized below.

- MAIN TEXT (ABSTRACT)

Reviewer's comments)

1. Line 22 (ongoing studies) : What about for studies that have never been published? Will original investigators be contacted?
2. Line 30 (random effects model) : Suggest fixed effect should also be considered if there are studies that are considerably similar.

Authors' responses)

1. We will exclude ongoing studies. So we deleted that phrase.
2. We agree with this recommendation and added 'or fixed effects model'.

- MAIN TEXT (INTRODUCTION)

Reviewer's comments)

1. Line 2 (13.5% to 47%): Is there a more recent reference than this?
2. Line 29 : "has" is very certain. Consider "may have"
3. Line 30 : Needs reference for this sentence
4. Line 32-33 : reference for these "many studies"
5. Line 39-40 : This sentence contradicts the last. Be clear on your point

Authors' responses)

1. We changed '13.5% to 47%' to '40.4% to 69.3%' according to 2014 published paper.
2. We agree with this recommendation and changed it.
3. We agree with this recommendation and added reference. In the reference paper, reasons for the increased use of CAN are distrust with the health care system and perception that CAM is safe and less expensive than conventional medications.
4. We agree with this recommendation and added references such as shoulder impingement, acute lumbar sprain and chronic neck pain.
5. We agree with this recommendation and changed 'greater effect' to 'better effect'.

- MAIN TEXT (METHODS) : Page 5

Reviewer's comment)

1. Line 56-57 : Why exclude other types of TEA? This may still provide valuable information on the efficacy/safety of various TEA techniques

Authors' response)

1. The objective of this review is to evaluate the effectiveness and safety of TEA compare to 'other techniques'. So we will exclude studies that TEA is compared to other type of TEA. In a similar way, other systematic reviews about acupuncture excluded studies comparing acupuncture with other type of acupuncture from the analysis.

- MAIN TEXT (METHODS) : Page 6

Reviewer's comments)

1. Line 38-39 : Why only CNKI? Consider also CBM and CQVIP
2. Line 46-51 : How were search terms determined? How can you be sure they are comprehensive enough? The search terms provided in the appendix seem very basic. Please provide English translation of the Chinese and Korean words for readers.
3. Line 55-56 : Why only searching one registry? Why not other major trial registries?

Authors' responses)

1. We agree with this recommendation. We will search three Chinese databases. We added VIP and the Wanfang database. CBM is a database that we cannot access, so we did not add it. We hope you to consider this.
2. We agree with this recommendation and revised search strategy. See details in appendix 2.
3. ICTRP provides access to a central database containing most trial registration data sets. So we think that ICTRP was enough for searching trial registries.

- MAIN TEXT (METHODS) : Page 8

Reviewer's comments)

1. Line 15 : replace "will not"
2. Line 30 : Consider Fixed effect also in the case it is possible.
3. Line 31 : Evidence of predicted heterogeneity?
4. Line 34-35 : Only if sub grouping and sensitivity analysis does not explain the heterogeneity.

Authors' responses)

1. We agree with this recommendation and changed 'cannot' to 'will not'.
2. We agree with this recommendation and added 'or fixed effects model'.
3. The sentence implies that a random effects model will be used when there is a substantial heterogeneity among the studies. However, since this paper is a protocol, we cannot predict the heterogeneity. Therefore, we revised this sentence that random effects model or fixed effects model will be used to estimate the effect size.
4. If there will be heterogeneity among included trials, we cannot completely explain the heterogeneity and we will conduct subgroup analysis as one way to interpret it. If it is not explained, we will describe it in the paper and leave it as a limitation.

#### VERSION 2 – REVIEW

<b>REVIEWER</b>	Wong, Yiu Ming Health Science Unit (PEC) Hong Kong Physically Handicapped & Able Bodied Association HONG KONG
<b>REVIEW RETURNED</b>	05-May-2017

<b>GENERAL COMMENTS</b>	For the manuscript, please consider to replace "catgut" with "bovine intestines". The "catgut" is a layman term, and is very misleading.
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<b>REVIEWER</b>	Shefton J Parker RMIT University, Australia
<b>REVIEW RETURNED</b>	08-May-2017

<b>GENERAL COMMENTS</b>	The manuscript has been substantially improved. Whilst still requiring some proof reading of English I have no other issues to raise. Best wishes with your review.
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#### VERSION 2 – AUTHOR RESPONSE

[Reviewer2 COMMENTS]

Reviewer Name: WONG, Yiu Ming

Institution and Country: Health Science Unit (PEC), Hong Kong Physically Handicapped & Able Bodied Association, HONG KONG

Please state any competing interests or state 'None declared': None declared.

- GENERAL

Reviewer's comments)

For the manuscript, please consider to replace "catgut" with "bovine intestines". The "catgut" is a layman term, and is very misleading.

Authors' responses)

Thank you for your constructive comment. However, in our opinion, 'catgut' is frequently used word to describe embedding therapy in traditional Korean or Chinese medicine. The paper titled 'Treatment of obesity by catgut embedding: an evidence based systematic analysis' was published in 'Acupuncture in Medicine journal (July 07, 2012)'. Also 'catgut' word was included in search strategies. For these reasons, we would like to use 'catgut' instead of 'bovine intestines'. We hope you understand.

[Reviewer3 COMMENTS]

Reviewer Name: Shefton J Parker

Institution and Country: RMIT University, Australia

Please state any competing interests or state 'None declared': None declared

- GENERAL

Reviewer's comments)

The manuscript has been substantially improved. Whilst still requiring some proof reading of English I have no other issues to raise. Best wishes with your review.

Authors' responses)

Thank you for your constructive opinion. We received proofreading again, and revised the paper.