

## 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>	The efficacy and safety of acupuncture as an adjuvant treatment for acute pancreatitis: a protocol of systematic review and meta-analysis
<b>AUTHORS</b>	Zhang, Kai; Li, Chengyu; Gao, Chao; zhao, chen; Tang, Qilin; Zhai, Jingbo; Li, Yan

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Carlo B. Giorda Metabolism and diabetes unit ASL Torino 5 Ospedale Maggiore via Demaria 1 10023 Chieri Italy
<b>REVIEW RETURNED</b>	14-Feb-2019

<b>GENERAL COMMENTS</b>	<p>Review of paper titled " The efficacy and safety of acupuncture as an adjuvant treatment for acute pancreatitis: a protocol of systematic review and meta-analysis "</p> <p>bmjopen-2019-029327</p> <p>This paper describes a protocol of a systematic review and meta-analysis. Only a comment on the methodology can be made The search strategy and primary and secondary outcomes are clearly defined. The overall design of the research appears appropriate and adequate. The topic is of importance to clinicians and policymaker because the role of unconventional treatments such as acupuncture is still controversial.</p> <p>I have only several points to raise.</p> <p><b>POINTS</b> Page 3 line 15-16. Define what SAP is. Page 5 lines 19-21. Define what it is intended for low-quality studies. Page 6 lines 17-1. It can also be complicated by SIRS and MODS. Page 7 lines 15- 17. Reword the sentence. It is not clear Page 7 line 21. " retrieve " instead of determine Page 11 line 29. " caution" instead of care Page 11 lines 58-59. " better explore " instead of provide stronger (you can not be sure that the result will be in favor of acupuncture). Page 12 line 27" information " instead of evidence (again, you can not be sure that the result will be in favor of acupuncture)</p>
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<b>REVIEWER</b>	zheng Shusen The First Affiliated Hospital, Collaborative Innovation Center for Diagnosis and Treatment of Infectious Diseases, Key Laboratory of Combined Multi-Organ Transplantation, Ministry of Public Health, School of Medicine, Zhejiang University, PR China
<b>REVIEW RETURNED</b>	09-Mar-2019

<b>GENERAL COMMENTS</b>	<p>The manuscript titled “The efficacy and safety of acupuncture as an adjuvant treatment for acute pancreatitis: a protocol of systematic review and meta-analysis” aimed to carry out a systematic review and meta-analysis to evaluate the potential benefit of acupuncture for the treatment of acute pancreatitis, which could help the physicians to make the decision whether to include such therapy in clinical practice. I suggest following comments for improving the quality of the proposed study.</p> <ol style="list-style-type: none"> <li>1. In the “Search strategy” section, the authors only listed the PubMed searching strategy. However, the databases used for electronic searches contained several different types of resources, such as PubMed, Web of Science (International publication databases), CNKI, Wanfang Data (Chinese publication databases), The Cochrane Central Register of Controlled Trials (databases for clinical trials). Different databases might require modified searching strategies. A detailed protocol should list the specific searching strategy for each database (or each kind of databases) clearly.</li> <li>2. In the introduction part, the authors summarized that acupuncture showed analgesic and anti-inflammation effects in the AP treatment. However, in the “Types of outcome” section, only anti-inflammation effects were evaluated as the secondary outcome. The author might need to add pain level or analgesics usage into the secondary outcome.</li> <li>3. In the section of Risk of bias assessment, the author did not cite the original source of Cochrane Collaboration’s tool or a proper example of the successful application of Cochrane Collaboration’s tool; instead the author cited an irrelevant publication. Please double check the citation list to make sure its correctness and accuracy. Also, the author should give more explanation about the use of Cochrane Collaboration’s tool.</li> <li>4. In the section of Assessment of heterogeneity, please elaborate on the q-test parameters as well as the detailed strategy to identify the source of heterogeneity if the P-value was below 0.1 or I<sup>2</sup> is greater than 50% in the q-test.</li> <li>5. In the section of Sensitivity analysis, please elaborate on criterion for low-quality studies, and specify the types of different statistical methods for the analysis of the same data.</li> <li>6. There was no analysis on the safety of acupuncture, the title might be modified or some analysis should be carried out to address this issue in the study protocol.</li> </ol>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer(s)' Comments to Author:

Reviewer: 1

Reviewer Name: Carlo B. Giorda

Institution and Country: Metabolism and diabetes unit, ASL Torino 5, Ospedale Maggiore, via Demaria 1, 10023 Chieri Italy

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

Please leave your comments for the authors below

Review of paper titled "The efficacy and safety of acupuncture as an adjuvant treatment for acute pancreatitis: a protocol of systematic review and meta-analysis"

bmjopen-2019-029327

This paper describes a protocol of a systematic review and meta-analysis. Only a comment on the methodology can be made.

The search strategy and primary and secondary outcomes are clearly defined.

The overall design of the research appears appropriate and adequate.

The topic is of importance to clinicians and policymaker because the role of unconventional treatments such as acupuncture is still controversial.

I have only several points to raise.

#### POINTS

Page 3 line 15-16. Define what SAP is.

Response:

Thank you for your suggestion. SAP refers to severe acute pancreatitis. I have defined it in the section of "Introduction".

Page 5 lines 19-21. Define what it is intended for low-quality studies.

Response:

Thank you for your suggestion. The description of low-quality studies may be inappropriate. I have revised this sentence in the section of "Types of studies".

Page 6 lines 17-1. It can also be complicated by SIRS and MODS.

Response:

Thank you for your suggestion. Indeed, SIRS and MODS could exacerbate SAP symptoms. I have revised these sentences in the section of "The primary outcome".

Page 7 lines 15- 17. Rephrase the sentence. It is not clear

Response:

Thank you for your suggestion. I have revised these sentences in the section of "Searching other resources".

Page 7 line 21. " retrieve " instead of determine

Response:

Thank you for your suggestion. I have revised this sentence in the section of "Searching other resources".

Page 11 line 29. " caution" instead of care

Response:

Thank you for your suggestion. I have replaced "care" with "caution" in the section of "Sensitivity analysis".

Page 11 lines 58-59. " better explore " instead of provide stronger (you can not be sure that the result will be in favor of acupuncture).

Response:

Thank you for your suggestion. I have replaced “provide stronger” with “better explore” in the section of “Ethics and dissemination”.

Page 12 line 27” information ” instead of evidence (again, you can not be sure that the result will be in favor of acupuncture)

Response:

Thank you for your suggestion. I have replaced “evidence” with “information” in the section of “Discussion”.

Reviewer: 2

Reviewer Name: zheng Shusen

Institution and Country: The First Affiliated Hospital, Collaborative Innovation Center for Diagnosis and Treatment of Infectious Diseases, Key Laboratory of Combined Multi-Organ Transplantation, Ministry of Public Health, School of Medicine, Zhejiang University, PR China

Please state any competing interests or state ‘None declared’: None declared

Please leave your comments for the authors below

The manuscript titled “The efficacy and safety of acupuncture as an adjuvant treatment for acute pancreatitis: a protocol of systematic review and meta-analysis” aimed to carry out a systematic review and meta-analysis to evaluate the potential benefit of acupuncture for the treatment of acute pancreatitis, which could help the physicians to make the decision whether to include such therapy in clinical practice. I suggest following comments for improving the quality of the proposed study.

1. In the “Search strategy” section, the authors only listed the PubMed searching strategy. However, the databases used for electronic searches contained several different types of resources, such as PubMed, Web of Science (International publication databases), CNKI, Wanfang Data (Chinese publication databases), The Cochrane Central Register of Controlled Trials (databases for clinical trials). Different databases might require modified searching strategies. A detailed protocol should list the specific searching strategy for each database (or each kind of databases) clearly.

Response:

Thank you for your suggestions. I have listed the specific searching strategy for all databases. The searching strategy can be available at appendix 1.

2. In the introduction part, the authors summarized that acupuncture showed analgesic and anti-inflammation effects in the AP treatment. However, in the “Types of outcome” section, only anti-inflammation effects were evaluated as the secondary outcome. The author might need to add pain level or analgesics usage into the secondary outcome.

Response:

Thank you for your suggestions. I have added visual analogue scale (VAS) and the use of analgesics in the section of “The secondary outcomes”.

3. In the section of Risk of bias assessment, the author did not cite the original source of Cochrane Collaboration’s tool or a proper example of the successful application of Cochrane Collaboration’s tool; instead the author cited an irrelevant publication. Please double check the citation list to make sure its correctness and accuracy. Also, the author should give more explanation about the use of Cochrane Collaboration’s tool.

Response:

Thank you for your suggestions. I have cited the original source of Cochrane ‘risk of bias’ tool and given more explanation about the use of Cochrane ‘risk of bias’ tool.

4. In the section of Assessment of heterogeneity, please elaborate on the q-test parameters as well as the detailed strategy to identify the source of heterogeneity if the P-value was below 0.1 or I2 is greater than 50% in the q-test.

Response:

Thank you for your suggestions. I have rewritten this section according to your suggestions.

5. In the section of Sensitivity analysis, please elaborate on criterion for low-quality studies, and specify the types of different statistical methods for the analysis of the same data.

Response:

Thank you for your suggestions. The description of low-quality studies may be inappropriate. I have rewritten this section according to your suggestions.

6. There was no analysis on the safety of acupuncture, the title might be modified or some analysis should be carried out to address this issue in the study protocol.

Response:

Thank you for your suggestions. I have supplemented some indicators related to the safety of acupuncture in the section of “the secondary outcomes”.

#### VERSION 2 – REVIEW

<b>REVIEWER</b>	Shusen Zheng The First Affiliated Hospital, Collaborative Innovation Center for Diagnosis and Treatment of Infectious Diseases, Key Laboratory of Combined Multi-Organ Transplantation, Ministry of Public Health, School of Medicine, Zhejiang University, Hangzhou, Zhejiang Province, 310003, PR China
<b>REVIEW RETURNED</b>	18-Apr-2019
<b>GENERAL COMMENTS</b>	The author has answered my questions well. The manuscript is now fine for acceptance.
<b>REVIEWER</b>	Carlo B. Giorda Diabetes and metabolism unit ASLTO 5 Ospedale Maggiore Chieri (TO) Italy
<b>REVIEW RETURNED</b>	29-Apr-2019
<b>GENERAL COMMENTS</b>	My points were correctedly addressed.