

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	The risk of invasive candidiasis with prolonged duration of ICU stay: a systematic review and meta-analysis
AUTHORS	Zhang, Zhidan; Zhu, Ran; Luan, Zhenggang; Ma, Xiaochun

VERSION 1 – REVIEW

REVIEWER	Peter Herbison University of Otago New Zealand
REVIEW RETURNED	20-Jan-2020

GENERAL COMMENTS	<p>This paper is improved from the original. I still have two concerns.</p> <p>The first is that the authors still state that "IC patients were found to have utilized a higher proportion of broad-spectrum antibiotics (89.13%, 95% CI: 82.68%-93.37%) before IC onset, which was higher than non-IC patients (77.36%, 95% CI: 52.25%-91.43%), even if it has not yet reached statistical significance.". The crucial bit is the lack of statistical significance. This means that one cannot say whether IC patients used more, less or the same proportion of use of broad spectrum antibiotics.</p> <p>The second is that I am still concerned about the lack of understanding of numbers. While not wrong, presenting numbers with too much precision makes the paper harder to understand and interpret. The authors claim "The average value of this article is presented in two decimal places because we hope that the comparison between different data in this study can be more precise, avoiding the corresponding troubles caused by the numbers of different items in the table being too close.". This means that they think that the second number after the decimal place is important in distinguishing between results. This is clearly nonsense for two reasons. The confidence intervals are so wide that presenting numbers to two decimal places is irrelevant, and, for times, it would appear the authors think that 1/100 of a day (i.e. approx 15 minutes) is important in terms of people contracting IC. This is unlikely. The authors still need to think more about the messages they want to convey.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer's Comments to Author:

Reviewer: 1

Reviewer Name: Peter Herbison

Institution and Country: University of Otago, New Zealand

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

This paper is improved from the original. I still have two concerns.

The first is that the authors still state that "IC patients were found to have utilized a higher proportion of broad-spectrum antibiotics (89.13%, 95% CI: 82.68%-93.37%) before IC onset, which was higher than non-IC patients (77.36%, 95% CI: 52.25%-91.43%), even if it has not yet reached statistical significance.". The crucial bit is the lack of statistical significance. This means that one cannot say whether IC patients used more, less or the same proportion of use of broad spectrum antibiotics.

Response: Thank you for the comment. We have rewritten that sentence to remove the misleading portion, and to reflect the lack of statistically significant difference between the two. We also removed that misleading sentence in the abstract section.

The second is that I am still concerned about the lack of understanding of numbers. While not wrong, presenting numbers with too much precision makes the paper harder to understand and interpret. The authors claim "The average value of this article is presented in two decimal places because we hope that the comparison between different data in this study can be more precise, avoiding the corresponding troubles caused by the numbers of different items in the table being too close.". This means that they think that the second number after the decimal place is important in distinguishing between results. This is clearly nonsense for two reasons. The confidence intervals are so wide that presenting numbers to two decimal places is irrelevant, and, for times, it would appear the authors think that 1/100 of a day (i.e. approx 15 minutes) is important in terms of people contracting IC. This is unlikely. The authors still need to think more about the messages they want to convey.

Response: Thank you for the comment. We have rounded up second digits behind decimal point in most numbers (except p-values), both in the text and in the tables, to make them easier to read. We also corrected some errors (mostly typos and numerical errors) in the manuscript.