

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

TITLE (PROVISIONAL)	The prevalence of non-contrast CT abnormalities in adults with reversible cerebral vasoconstriction syndrome: protocol for a systematic review and meta-analysis
AUTHORS	Gotesman, Ryan; Niznick, Naomi; Dewar, Brian; Fergusson, Dean; Shorr, Risa; Shamy, Michel; Dowlatshahi, Dar

VERSION 1 – REVIEW

REVIEWER	Katharina Kamm Department of Neurology University Hospital of Munich Marchioninstr. 15 81377 Munich Germany
REVIEW RETURNED	27-Jul-2020

GENERAL COMMENTS	The study protocol examines an interesting research topic. I would suggest to amend the Introduction, for example concerning the age of patients. RCVS is a syndrome that rather affects middle-old women. Further consideration could also be taken to the fact that Imaging abnormalities/ comorbidities occur often in a certain time frame, that might also be important for the Evaluation of studies.
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REVIEWER	SC CHEN Chung Shan Medical University Hospital, TAIWAN
REVIEW RETURNED	31-Jul-2020

GENERAL COMMENTS	The authors submitted the study protocol entitled “The prevalence of non-contrast CT abnormalities in reversible cerebral vasoconstriction syndrome: protocol for a systematic review and meta-analysis.” (bmjopen-2020-041776). This is an interesting study issue covering useful information in clinical practice. There are some questions in the study protocol. My comments are as follows: (1) It has been reported that pediatric RCVS has some different characteristics from adult RCVS. Because the study population only included adult patients (≥ 18 -year-old), I suggest adding “in adults” to the study title. (2) What was the range of publication date in the search for relevant articles? (3) The diagnostic criteria of the RCVS related disorders may vary with time. How to resolve this heterogeneous effect in your study?
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1

1. “The study protocol examines an interesting research topic. I would suggest to amend the Introduction, for example concerning the age of patients. RCVS is a syndrome that rather affects middle-old women.”

Response: Thank you for the suggestion. We agree. We have made the change in the 2nd sentence of the first paragraph of the introduction section.

2. “Further consideration could also be taken to the fact that Imaging abnormalities/ comorbidities occur often in a certain time frame, that might also be important for the Evaluation of studies.”

Response: Thank you for the suggestion. That is a great idea. We will now include timing of imaging with respect to symptom onset in our data extraction and have added this point to our data extraction section.

Reviewer 2

1. “It has been reported that pediatric RCVS has some different characteristics from adult RCVS. Because the study population only included adult patients (≥ 18 -year-old), I suggest adding “in adults” to the study title.”

Response: We agree and thank you for the suggestion. We have added this to the study title.

2. “What was the range of publication date in the search for relevant articles?”

Response: We do not yet have the earliest date as the search is not completed yet. The latest will be on May 1, 2020.

3. “The diagnostic criteria of the RCVS related disorders may vary with time. How to resolve this heterogeneous effect in your study?”

Response: Thank you for this important point about a potential limitation of our study. We have added the collection of diagnostic criteria for RCVS in the data extraction section.

Formatting Amendments

1. “Kindly remove Appendix from your Main Document and upload it separately under file designation “Supplementary File” in PDF Format.”

Response: Thank you, we have made this change.

2. “Please update the PROSPERO registration details in the manuscript.”

Response: Thank you, we have made this update.