

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)	Etrolizumab as induction and maintenance therapy in patients with moderately to severely active ulcerative colitis: A protocol of systematic review and meta-analysis of placebo-controlled, randomized clinical trials
AUTHORS	Qin, Xuan; Wang, Menghui; Zhang, Wei; Liu, Wenji; Shu, Hongxin; Xiong, Xiaowei

VERSION 1 – REVIEW

REVIEWER	Aiash, Hani SUNY Upstate Medical University, CVP, Medicine and Surgery
REVIEW RETURNED	21-Jul-2023

GENERAL COMMENTS	great design , well written methodology
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REVIEWER	Jo, Hee Geun Gachon University, Department of herbal pharmacology, College of Korean medicine
REVIEW RETURNED	29-Nov-2023

GENERAL COMMENTS	<p>I would like to thank the Editor for inviting me to review a manuscript for this prestigious journal "BMJ Open".</p> <p>My comments on the requested manuscript (bmjopen-2023-076570) are as follows.</p> <p># Overall opinion The manuscript states clearly the hypothesis to be tested by the meta-analysis, and I find no significant flaws in the proposed methodology.</p> <p>Thus, this manuscript can be regarded as suitable for publication.</p> <p>I would like to provide some commentys regarding the perspectives of readers.</p> <p># Comments 1. The introductory section is concise and well-written. However, it would be beneficial to add a brief description, supported by 1-2 key references, of the comparative advantage of Etrolizumab, the drug under study, over existing UC therapies.</p> <p>I think this would make the reader more interested in this protocol and the subsequent study that will be conducted.</p>
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	<p>2. Please add references and a more detailed explanation of the guidelines on which the "Types of participants" section is based.</p> <p>3. In the "Outcomes" section, I would like to see the primary and secondary outcomes separated if possible, and the reasons and rationale for selecting these outcomes would help the reader understand better.</p> <p>4. The authors are not planning any subgroup analyses outside of the treatment phase?</p> <p>I wish you every success with this study.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Dr. Hani Aiash, SUNY Upstate Medical University

Comments to the Author:

great design, well written methodology

Response: Thank you very much for warmful comments.

Reviewer: 2

Dr. Hee Geun Jo, Gachon University

Comments to the Author:

I would like to thank the Editor for inviting me to review a manuscript for this prestigious journal "BMJ Open".

My comments on the requested manuscript (bmjopen-2023-076570) are as follows.

Overall opinion

The manuscript states clearly the hypothesis to be tested by the meta-analysis, and I find no significant flaws in the proposed methodology.

Thus, this manuscript can be regarded as suitable for publication.

I would like to provide some comments regarding the perspectives of readers.

Comments

1. The introductory section is concise and well-written. However, it would be beneficial to add a brief description, supported by 1-2 key references, of the comparative advantage of Etrolizumab, the drug under study, over existing UC therapies.

I think this would make the reader more interested in this protocol and the subsequent study that will be conducted.

Response: Thank you very much for your suggestions. We have added more information on the advantages of application in UC treatment (Page 4 Line 69-75).

2. Please add references and a more detailed explanation of the guidelines on which the "Types of participants" section is based.

Response: Thank you very much for your suggestions. We have stated types of participants in more detailed method: Patients, age > 18, with moderately to severely active ulcerative colitis (Mayo Clinic total score [MCS] of 6–12 with an endoscopic subscore of ≥ 2 , a rectal bleeding subscore of ≥ 1 , and a stool frequency subscore of ≥ 1), possess a definite diagnosis of ulcerative colitis for a duration of three months or more, as evidenced by clinical and endoscopic findings, along with evidence of disease extending to 20 centimeters or beyond from the anal margin, will be enrolled in present analysis (Rubin DT et al. ACG Clinical Guideline: Ulcerative Colitis in Adults. Am J Gastroenterol. 2019;114(3):384-413) (Page 5 Line 94-99).

3. In the "Outcomes" section, I would like to see the primary and secondary outcomes separated if possible, and the reasons and rationale for selecting these outcomes would help the reader understand better.

Response: Thank you very much for your suggestions. To enhance reader understanding, we define outcomes as following: the primary outcomes are clinical remission, clinical response; while second outcomes are endoscopic remission, endoscopic improvement, histological remission, and any adverse event (Page 5 Line 107-109).

4. The authors are not planning any subgroup analyses outside of the treatment phase?

Response: Thank you very much for your suggestions. According to your suggestion, we propose additional subgroup analysis based on publish year, sample size (Page 6 Line 156).

VERSION 2 – REVIEW

REVIEWER	Jo, Hee Geun Gachon University, Department of herbal pharmacology, College of Korean medicine
REVIEW RETURNED	23-Dec-2023
GENERAL COMMENTS	The authors responded well to my comments. Therefore, I have no further questions and can agree to the publication of this manuscript.