

## 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>	Intradermal thumbtack needle buried Neiguan (P6) point for prevention of postoperative nausea and vomiting in patients undergoing craniotomy: study protocol for a randomized controlled trial
<b>AUTHORS</b>	Lv, jian-qin; Wang, Chengwei; Yang, Yi; Li, Yu; Xu, Tian-hao; Jian, Ling-qi

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Yusuke Mazda Department of Anesthesia and Pain Management Mount Sinai Hospital, University of Toronto Canada
<b>REVIEW RETURNED</b>	08-Sep-2019

<b>GENERAL COMMENTS</b>	<p>The authors presented a protocol of the single-masked randomized controlled trial for elucidating acupuncture effects on postoperative nausea and vomit in patients having neurosurgery. The rationale behind the study was clearly described, and the study was designed meticulously for minimizing the biases; however, several points are not well described. To warrant the publication, the authors may revise the manuscript following the reviewer's comments.</p> <p>#1. The references were not appropriately noted on the manuscript. The authors should add the linked reference numbers into the contents.</p> <p>#2. Type of neurosurgery might be one of the co-founders of PONV. For example, PONV might be higher in acoustic neuroma than in parasagittal meningioma. The authors could consider to obtain the information as patient characteristics.</p> <p>#3. The reviewer would like to make sure that the random sequence generation was done by Package for Encyclopedia Medical Statistics. Is this correct?</p> <p>#4. The anesthesia will be maintained by 50% nitrous oxide and 3% sevoflurane, which means the MAC would be around 2.0. The reviewer wonders it would be relatively deeper anesthesia and cause hypotension, which might correlate PONV incidence. The authors could consider to obtain the incidence of hypotension as well as hemodynamic parameters.</p> <p>#5. The description of groups was difficult to understand. Are all neurosurgeries rapid rehabilitation surgery? Or, will only the control-group participants receive pre-surgical education?</p>
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	#6. The authors may consider to describe the details of acupuncture in accordance with the STRICTA (Standards for Reporting Interventions in Controlled Trials of Acupuncture) guidelines. It is standardized reporting allows the readers to easily understand the acupuncture interventions
<b>REVIEWER</b>	Danielle Levin, MD St. Elizabeth's Medical Center Boston, Massachusetts United States of America
<b>REVIEW RETURNED</b>	15-Sep-2019
<b>GENERAL COMMENTS</b>	<p>Very interesting study! Looking forward to reading the results of this study!</p> <p>Please consider making the following corrections:</p> <ul style="list-style-type: none"> <li>- page 8, line 42 - it is currently written as "Therefore, we designed a single-center, prospective, double-blind..." -&gt; it should be corrected to "single-blind" since the patients will be aware of the treatment they are receiving</li> <li>- page 11, line 45 - it is currently written as "This study is a single-blind design, mainly for patient unawareness..." -&gt; the patients will be aware of what treatment they will be receiving, so please rephrase this sentence</li> <li>- page 15, line 6 - it is written that multimedia presentations and pamphlets will be provided to patients and their families prior to the operation. Multimedia presentations might be difficult to share, but please consider including the pamphlets that you will be providing the families/patients to help readers have a better understanding of your study.</li> <li>- page 18, lines 6-13 - it is currently written as: "If a patient cannot complete the study due to death, reoperation, unconsciousness or cognitive impairment, the patient will be recorded as an episode of PONV." Please clarify why those patients will be recorded as an episode of PONV.</li> </ul>

### VERSION 1 – AUTHOR RESPONSE

Replies to Reviewer #1:

Reviewer: 1

Reviewer Name: Yusuke Mazda

Institution and Country: Department of Anesthesia and Pain Management

Mount Sinai Hospital, University of Toronto

Canada

#1. The references were not appropriately noted on the manuscript. The authors should add the linked reference numbers into the contents.

Answer: Thanks for the comments, I will refer to the requirements of BMJ Open to modify the annotation position of references.

#2. Type of neurosurgery might be one of the co-founders of PONV. For example, PONV might be higher in acoustic neuroma than in parasagittal meningioma. The authors could consider to obtain the information as patient characteristics.

Answer: We collect and record the patient's lesion site, and type of neurosurgery, and we analyze consistency at baseline.

#3. The reviewer would like to make sure that the random sequence generation was done by Package for Encyclopedia Medical Statistics. Is this correct?

Answer: PEMS 3.1 is a classic medical statistics software, full Chinese interface, simple operation, widely used in China. Of course, if you think SPSS is more convincing, we can also use SPSS.

#4. The anesthesia will be maintained by 50% nitrous oxide and 3% sevoflurane, which means the MAC would be around 2.0. The reviewer wonders it would be relatively deeper anesthesia and cause hypotension, which might correlate PONV incidence. The authors could consider to obtain the incidence of hypotension as well as hemodynamic parameters.

Answer: Actually, we adjusted the concentration of sevoflurane according to BIS and the vital signs, if the hypotension happened, and the BIS is low, we will decrease the sevoflurane.

#5. The description of groups was difficult to understand. Are all neurosurgeries rapid rehabilitation surgery? Or, will only the control-group participants receive pre-surgical education?

Answer: Thanks for the reviewer's suggestion. In this article, these treatments were added to the basic treatment, which included rapid recovery mode intervention therapy. So all neurosurgeries rapid rehabilitation surgery.

#6. The authors may consider to describe the details of acupuncture in accordance with the STRICTA (Standards for Reporting Interventions in Controlled Trials of Acupuncture) guidelines. It is standardized reporting allows the readers to easily understand the acupuncture interventions.

Answer: When I wrote the paper, I described the details of acupuncture in accordance with the STRICTA.

Special thanks to you for your good comments.

Replies to Reviewer 2:

Please consider making the following corrections:

- page 8, line 42 - it is currently written as "Therefore, we designed a single-center, prospective, double-blind..." -> it should be corrected to "single-blind" since the patients will be aware of the treatment they are receiving.

Answer: Thanks for your comments. I had been revised according to your advice.

- page 11, line 45 - it is currently written as "This study is a single-blind design, mainly for patient unawareness..." -> the patients will be aware of what treatment they will be receiving, so please rephrase this sentence.

Answer: Thank you for reminding us. We have modified the expression in the text.

- page 15, line 6 - it is written that multimedia presentations and pamphlets will be provided to patients and their families prior to the operation. Multimedia presentations might be difficult to share, but

please consider including the pamphlets that you will be providing the families/patients to help readers have a better understanding of your study.

Answer: In our clinical work, we let the patients and their families watch the multimedia presentations, and then after watching the video, we also hand out a small paper manual with multimedia presentations content for the patients and their families to read at any time.

- page 18, lines 6-13 - it is currently written as: "If a patient cannot complete the study due to death, reoperation, unconsciousness or cognitive impairment, the patient will be recorded as an episode of PONV." Please clarify why those patients will be recorded as an episode of PONV.

Answer: If a patient cannot complete the study due to death, reoperation, unconsciousness or cognitive impairment, that patient cannot be considered successfully treated and will be recorded as an episode of PONV for statistical purposes.

### VERSION 2 – REVIEW

<b>REVIEWER</b>	Yusuke Mazda Mount Sinai Hospital, University of Toronto, Canada
<b>REVIEW RETURNED</b>	18-Oct-2019

<b>GENERAL COMMENTS</b>	<p>The authors revised the manuscript accordance with the reviewers comments. The protocol description would be fulfilled as an academic article.</p> <p>The reviewer points out the following descriptions.</p> <p>#1. In the line 47 of page 44 of 60, the sentence would be edited; "oxide and 3% sevoflurane. An attending anesthesiologist will adjust the concentration of sevoflurane according to BIS and the vital signs, if the hypotension happened and the BIS is low, he or she will decrease the sevoflurane."</p> <p>#2. What is the target range of BIS during surgery?</p>
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### VERSION 2 – AUTHOR RESPONSE

Reviewer(s)' Comments to Author:

Reviewer: 1

Reviewer Name: Yusuke Mazda

Institution and Country: Mount Sinai Hospital, University of Toronto, Canada

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

The reviewer points out the following descriptions.

#1. In the line 47 of page 44 of 60, the sentence would be edited;

"oxide and 3% sevoflurane. An attending anesthesiologist will adjust the concentration of sevoflurane according to BIS and the vital signs, if the hypotension happened and the BIS is low, he or she will decrease the sevoflurane."

Answer: Thank you very much. After you helped me modify it, this expression is very professional and smooth. You are a very nice person. I have edited this sentence in the article

#2. What is the target range of BIS during surgery?

Answer : The target range of BIS was 40-60 during surgery.