

## 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>	Resuscitative Endovascular Balloon Occlusion of the Aorta 'REBOA': A Scoping Review Protocol concerning Indications – Advantages and Challenges of Implementation in Traumatic Non-Compressible Torso Hemorrhage
<b>AUTHORS</b>	Bekdache, Omar; Paradis, Tiffany; Shen, Yu Bai; Elbahrawy, Aly; Grushka, Jeremy; Deckelbaum, Dan; Khwaja, Kosar; Fata, Paola; Razek, Tarek; Beckett, Andrew

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Reviewer name: Zaffer Qasim Institution and Country: University of Pennsylvania. United States Competing interests: None declared
<b>REVIEW RETURNED</b>	02-Nov-2018

<b>GENERAL COMMENTS</b>	Please include a discussion about limitations of this method of review  Why are you limiting the search to Jan 15, 2018? It is almost the end of 2018 and a scoping review conducted on the basis of this protocol should be all inclusive.
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<b>REVIEWER</b>	Reviewer name: B.L.S. Borger van der Burg Institution and Country: Alrijne Hospital Leiderdorp Competing interests: None declared
<b>REVIEW RETURNED</b>	22-Nov-2018

<b>GENERAL COMMENTS</b>	The paper describes a Scoping Review Protocol on REBOA. I am not sure this will add substantially to the numerous reviews and meta analyses that have recently been published. the statistics are not mentioned, so I assume, it will be a mere descriptive study.
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<b>REVIEWER</b>	Reviewer name: Emiliano Gamberini Institution and Country: Local Health Authority of Romagna subregion. Level-1 Trauma Center "M. Bufalini" Hospital. 47251 - Cesena (ITALY) Competing interests: none declared
<b>REVIEW RETURNED</b>	27-Nov-2018

<b>GENERAL COMMENTS</b>	Well done. The title with two double dots is quite "heavy". I should change the title with something like... Resuscitative Endovascular Balloon Occlusion of the Aorta 'REBOA': A Scoping Review Protocol concerning Indications – Advantages and Challenges of Implementation in Traumatic Non-Compressible Torso Hemorrhage.
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<b>REVIEWER</b>	Reviewer name: Brenner, Megan Institution and Country: Professor of Surgery, University of California Riverside, School of Medicine. Competing interests: Clinical Advisory Board Member, Prytime Medical Inc.
<b>REVIEW RETURNED</b>	27-Nov-2018

<b>GENERAL COMMENTS</b>	<p>1. please consider expanding your inclusion criteria to include non-trauma applications of reboa as well as pediatric usage. these are both critical areas of reboa utilization which demonstrate not only its broad applicability but also its rapid adoption and implementation following use for trauma.</p> <p>2. one of the goals is to examine implementation but data points to abstract are not listed in Table 3. information should include presence or absence of formal training, credentialing, proctoring etc if available in the articles.</p>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Zaffer Qasim

Institution and Country: University of Pennsylvania, United States

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

Please leave your comments for the authors below

Please include a discussion about the limitations of this method of review

- Thank you Dr. Qasim for pointing at it.

Scoping review drawbacks are added to the limitation section.

Why are you limiting the search to Jan 15, 2018? It is almost the end of 2018 and a scoping review conducted on the basis of this protocol should be all-inclusive.

- Indeed! Amendments about the duration of the study are made in the methodology section with clear statements of the start and the end dates of the study to be all-inclusive as per your advice.

Reviewer: 2

Reviewer Name: B.L.S. Borger van der Burg

Institution and Country: Alrijne Hospital Leiderdorp

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

Please leave your comments for the authors below

The paper describes a Scoping Review Protocol on REBOA. I am not sure this will add substantially to the numerous reviews and meta-analyses that have recently been published. The statistics are not mentioned, so I assume, it will be a mere descriptive study.

- You are absolutely correct Dr. Van der Burg. Scoping reviews are primarily descriptive in nature, and therefore quantitative data analyses are considered to be one of the relevant limitations of such kind of studies. Our main objective is to map all the available literature and point out gaps for possible future researches. The interesting thing about the REBOA topic, and as you clearly mentioned, is that only 2 Meta-analyses and 4 systematic reviews have tackled the subject so far, and the rest is made of case reports, case series, and retrospective reviews. We think it's interesting to know what kind of evidence is available so far for such a controversial issue before reaching definitive statements about its appropriate clinical use.

Reviewer: 3

Reviewer Name: Emiliano Gamberini

Institution and Country: Local Health Authority of Romagna subregion, Level-1 Trauma Center "M. Bufalini" Hospital, 47251 - Cesena (ITALY)

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

Please leave your comments for the authors below

Well done.

The title with two double dots is quite "heavy".

I should change the title with something like...

Resuscitative Endovascular Balloon Occlusion of the Aorta 'REBOA': A Scoping Review Protocol concerning Indications – Advantages and Challenges of Implementation in Traumatic Non-Compressible Torso Hemorrhage.

- Thank you Dr. Gamberini for this very valuable notification. The title was changed according to your relevant request.

Reviewer: 4

Reviewer Name: Megan Brenner

Institution and Country: Professor of Surgery, University of California Riverside, School of Medicine,

Please state any competing interests or state 'None declared': Clinical Advisory Board Member, Prytime Medical Inc.

Please leave your comments for the authors below

1. please consider expanding your inclusion criteria to include non-trauma applications of reboa as well as pediatric usage. these are both critical areas of reboa utilization which demonstrate not only its broad applicability but also its rapid adoption and implementation following use for trauma.

- Thank you Dr. Brenner. We were initially intending to focus our study on the traumatic use of REBOA in a trial to highlight the sole outcome in trauma related cases. As you eloquently stated, the advantage of its use has been proven very valuable in many exsanguinating gastrointestinal and ruptured visceral aneurysms cases as highlighted in your paper published in the European Journal of Trauma and Emergency surgery issue of June 2018. Will apply the necessary amendments to include both categories as you advise.

2. one of the goals is to examine implementation but data points to abstract are not listed in Table 3. information should include presence or absence of formal training, credentialing, proctoring etc if available in the articles.

- Very interesting point. Training level of the performer via accredited courses or peer training, credentials of the performer as well as his/her field of specialty are added to the technical analysis chart form and table and are to be extracted from the articles if available.

#### FORMATTING AMENDMENTS (if any)

Required amendments will be listed here; please include these changes in your revised version:

- Patient and Public Involvement:

Authors must include a statement in the methods section of the manuscript under the sub-heading 'Patient and Public Involvement'.

This should provide a brief response to the following questions:

How was the development of the research question and outcome measures informed by patients' priorities, experience, and preferences?

How did you involve patients in the design of this study?

Were patients involved in the recruitment to and conduct of the study?

How will the results be disseminated to study participants?

For randomised controlled trials, was the burden of the intervention assessed by patients themselves?

Patient advisers should also be thanked in the contributorship statement/acknowledgements.

If patients and or public were not involved please state this.

- Done.