Author's response to reviews

Title: The Role of Acupoint Stimulation as an Adjunct Therapy for Lung Cancer: A Systematic Review and Meta-analysis

Authors:

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Version: 4 Date: 24 November 2013

Author's response to reviews: see over
24 November 2013

Dear Prof. Liu,

Re: Article ID 1014040201102438
‘The Role of Acupoint Stimulation as an Adjunct Therapy for Lung Cancer: A Systematic Review and Meta-analysis’ by Chen et al.

Many thanks for your letter dated on 29 October 2013 regarding the revision and advice of the above paper in BMC CAM. Overall the comments are encouraging and constructive.

I have carefully considered the reviewers’ comments and have revised the manuscript accordingly with tracks marked in the text. I also respond point-by-point to the comments of each reviewer. The revised manuscript and the detailed responses to the comments of the reviewers are submitted online here.

Thank you very much for your kind handling of the matter.

Best wishes,

William
William Cho
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Reviewer’s report

Title: The Role of Acupoint Stimulation as an Adjuvant Therapy for Lung Cancer: A Systematic Review and Meta-analysis

Reviewer: Zhen Zheng

BMC acupuncture for lung cancer – re-review 2013.10.06

The authors have addressed all the comments. The major part of the revision is satisfactory.

I wish to make four further comments:

1. “Adjuvant” refers to pharmacological intervention whereas “adjunct” refers to any types of intervention. “Adjunct” is a more appropriate word in this case.

   Reply: We appreciate the reviewer’s suggestion. “Adjuvant” was replaced with “adjunct” in the manuscript.

2. Authors conducted the sub-group analysis. Please reflect this in the methods. Furthermore, in the discussion, when describing “advantage”, please make it clear the treatment is better than which other treatment.
Reply: To test the heterogeneity, subgroup analysis was performed according to the types of acupuncture stimulation (needle insertion, acupuncture injection with herbs, acupoint plaster application, and moxibustion). We have added these details in the methods. We agree with the reviewer’s comment that the description of “advantage” is not clear enough. We have re-organized the sentences in the Discussion section.

3. English expression requires major revision before publication.

Reply: Thanks for the suggestion. The revised manuscript has been proofread and further improvements have been made.

Reviewer’s report

Title: The Role of Acupoint Stimulation as an Adjuvant Therapy for Lung Cancer: A Systematic Review and Meta-analysis

Version: 3

Date: 8 October 2013

Reviewer: Yutong Fei

Reviewer’s report:

Major compulsory revisions

1. In table of characteristics of included studies. Please give details of the purpose for acupuncture, the patient characteristics and the outcomes reported. For example, acupuncture was used for the control of nausea and vomiting side effects of chemotherapy in XX type of lung cancer XX stage patients, etc. And if nausea and vomiting was reported, by which method did the original paper used to collect the information.

Reply: Thanks for the reviewer’s comment. In the revision, we have added the purpose of acupuncture, cancer types, and TNM stage of patients in Table 1. Outcome has been shown previously.

2. What were the criteria for the judgment of complete response (CR) and partial response (PR)? If different study used different criteria for CR and PR, it is questionable to do a meta-analysis based on them. (fig 5)

Reply: To avoid confusion, we have now included studies using the nausea and vomiting grade based on WHO toxicity reaction only (0: no nausea and vomiting; I: nausea; II: casual vomiting, not requiring medication; III: frequent vomiting, requiring medication; IV: serious vomiting, uncontrolled with medication). The data are all from the same assessment criteria now.

3. The reporting and format of meta-analysis. The unit of the outcomes must be reported. For continuous data, mean and SD and number of participants of each group of each study
should be reported. For dichotomous data, number of events and number of participants should be reported.

Reply: Thanks for the comment. We have revised the manuscript according to the reviewer's suggestion.

4. The forest plot is adjustable before print out to pdf format. Please make sure that the forest plot was readable.

Reply: Thanks for the comment. We placed a few figures into additional files.

5. Please provide risk of bias of each of the included studies.

Reply: We have added a supplementary table (additional file 2 Table S1) in the manuscript.

6. The clinical homogeneity of interventions included in meta-analysis is highly important. In the meta-analysis of the outcome of NK, chen 2005, chen 1997 and zhou 2003 were included. But they not only had totally different types of acupuncture interventions, but also totally different types of basic treatment and control interventions. So it was with the meta-analysis of the outcome of IL-2, etc.

Reply: We agree with the reviewer that the homogeneity of studies is important. Please note that the acupoint stimulation may also present the similar effect even the stimulations are in different forms. So it is good to keep the same parameters of NK cells and IL-2 throughout the study.

7. I don’t think in the meta-analysis which contained subgroup analysis should give “total” results. Because of the huge intervention heterogeneity between subgroups.

Reply: Thanks for the reviewer’s suggestion and we have removed the total effect according to the reviewer’s suggestion.

8. In paragraph one, “acupuncture in the study also called acupoint stimulation [1]”. I consulted the first author of the reference [1]. She indicated, and I agreed, that acupuncture is one form of acupoint stimulation. We don’t agree with you on this definition. We were both systematically trained in acupuncture.

Reply: We appreciate the reviewer’s comment. We have revised the text as follows: “Recently, acupuncture has been widely developed into a variety form of acupoint stimulation, including needle insertion, injection with herbal extract, plaster application, and moxibustion, etc. [1].”