Author’s response to reviews

Title: Assessment of the abstract reporting of systematic reviews of dose-response meta-analysis: A literature survey

Authors:

Pengli Jia (jiapenglili@163.com)
Bin Xu (xb1290043261@hotmail.com)
Jingmin Cheng (72-87@163.com)
Xi-Hao Huang (hxl397077820@hotmail.com)
Joey Kwong (jswkwong@hotmail.com)
Yu Liu (yuliu14@lzu.edu.cn)
Chao Zhang (zhangchao0803@126.com)
Ying Han (hanying0520@sxmu.edu.cn)
CHANG XU (xuchang2016@runbox.com)

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Author’s response to reviews:

Dear editor:

With great pleasure, we would like to submit our revised manuscript entitled “Assessment of the abstract reporting of systematic reviews of dose-response meta-analysis: A literature survey”, which we wish to be considered to published in BMC Medical Research Methodology.

We’d like to express our deep appreciate to editor and reviewers for their valuable and constructive suggestions on our manuscript, which helps a lot for the improvement of the manuscript quality. We’ve revised the manuscript carefully accordingly, and the point to point response is pasted below. We hope the revision and responses we made will be satisfied and suitable for publication.
Looking forward for your reply.

With best wishes,

Peng-Li Jia and Chang Xu on behalf of the team

Reviewer 1: Edoardo Aromataris

1. The authors present a cross-sectional study investigating the reporting quality of published dose response meta-analyses from 2011 to 2017. Factors influencing reporting quality are also assessed.

Response: Thank you very much for your review, which indeed helps us improve our manuscript. We have carefully revised the manuscript according to the comments, as below.

2. I appreciate this is semantics, however a meta-analysis is a statistical exercise. While there are minor nuances in detail, a published meta-analysis and a systematic review with meta-analysis are conceptually different and methodologically different. Furthermore, one review may present multiple meta-analyses. I think it would be ideal to know across the included dataset which DRMAs were presented as part of a systematic review and those that were independent articles - this may have an influence on what is reported in abstracts in my view.

Response: Thanks for this in-depth suggestion. The DRMAs we included were all based on systematic reviews which defined by the Cochrane handbook. We’ve changed the DRMAs as SR-DRMAs across the manuscript.
3. The authors have determined quality by aligning abstract content of published DRMAs with the PRISMA for abstracts checklist plus two additional items, making 14 in total. While I agree these additional items appear important, this addition would seem to have implications for the results of this study. Abstracts with >250 words appeared to have better reporting quality (adherence)...the more items that are added would necessarily demand more words...there will be an event horizon where all criteria simply can't be covered in 250 words.

Response: Thanks for this in-depth point. We agree that the tools for quality assessment may influence the total quality score and analytic results. In our study, we added the two additional items in a prior that before we assessed the quality and conducted the data analysis. So, the influence of adding the two items on the final statistic results is unpredictable. We’ve added “in prior” in the context where we illustrated the PRISMA-abstract tool.

4. Unfortunately, deficits in reporting of the abstract do not appear to have been aligned with the actual conduct of the DRMA. For example, where methods and results of RoB assessment do not appear in the abstract was it because they simply weren't done? If so, I think it is unreasonable to expect to see it in the abstract. That then becomes an issue of conduct of the DRMA.

Response: Thanks for this point. We agree that the two items refer to combining methods and RoB assessment were of some arbitrary and were about methods issues. The reason we want to see the reporting on combing methods was that different methods of DRMA may lead to different results (e.g. the fixed-effect or random-effect, the non-linear model they chosen); while the RoB was good indicator for the quality of the included studies. We think these are essential information for readers to form an informed decision when they scan the abstract.

5. Five 'potential influential factors' have been investigated. I think the manuscript would benefit from the rationale for these factors being chosen/investigated. I appreciate references are provided, but some explicit link here would be ideal. I can't immediately see the potential link with year of publication (other than to investigate the influence of PRISMA for abstracts), region of first author or the funding information. In regards to this, how was region of first author determined - by affiliation?

Response: Yes, we determined the region of the first author by the affiliation. We’ve added the rationale in the manuscript. There were some links between them. For the year of publication, we want to see if the quality (reporting) increased by years. For the region of first author, we want to see the adherence (and acceptance) of PRISMA-abstract by the authors from different regions. For the funding information, we want to see if financial support benefits the quality of DRMA by the hypothesis that with financial support the team leader can use the funding to consult experienced expert for some suggestions.
6. Results, para 3, Line 21-24 - should be 'funding'

Response: Sorry for this confusion. We have revised “finding” to “funding”.

7. Results, Adherence rate..., final para. Should read "For the methods section, there were 4 items appointed…” Throughout these paragraphs the authors have simply stated how many have been well, moderately and poorly compiled. It would take little effort to indicate which of the criteria they are rather than leave the reader to work it out. On this point, where the authors have attempted this for the 2 items relevant to the discussion section (line 13-16 next page), I think they should read poorly compiled (35%) and well compiled (92%) respectively, rather than 'well' and 'moderate'.

Response: Thanks for this point. Actually, we’ve provided an arbitrary criterion in the methods part, as: “We divided the adherence rate of each item into three levels: well complied (met by 80% or above), moderately complied (met by 50% to 79%), and poorly complied (met by less than 50%). It should be noted that this kind of division is arbitrary.” We also revised these issues across the manuscript.

8. Figure 1 and Figure 2 require some useful figure titles/captions describing what the figure is showing.

Response: Thanks for this point. We have added the figure titles as below:

Figure 1: The flow chart of literature screen.

Figure 2: The adherence rate of single item of the abstract. Adherence rate indicates the proportion of SR-DRMAs meet the requirement of the item.

Figure 3: The distribution of total quality score. X-axis is the total quality score and the Y-axis is the number of SR-DRMAs under the quality score.

9. The 3rd para of the discussion is repeating results unnecessarily.

Response: Thanks for this point. We’ve removed the paragraph in the revised version.
10. The major omission from the DRMA abstract is around the methods and results of risk of bias assessment. Regarding my distinction the meta-analyses and systematic reviews above, I think this is important. RoB assessment is a requirement of a systematic review, without it, I don't you have an SR, I can't say the same for a meta-analysis. This needs some consideration in the discussion/conclusions.

Response: Thanks for this point. We’ve revised the discussion accordingly.

11. Copyediting is required.

Response: Thanks for this point. We have revised the copyediting throughout the manuscript according to the style of the journal guideline.

Reviewer 2: Cindy Stern

1. Thank you for allowing me to peer review this manuscript. It is clear the authors have undertaken a great deal of work which has demonstrated the importance of quality reporting in research. Overall there are some issues with the English used throughout the manuscript and it would be beneficial for grammar and syntax to be reviewed prior to re-submission. Please see detailed comments below.

Response: Thank you very much for your review, which indeed helps us improve our manuscript. We have invited a native speaker to revise the English throughout the paper and hope this revision meet the requirement.

2. Abstract: '50% to 80%' should be '50% to 79%' (applies to main manuscript as well)

Response: Thanks for this point. We have revised this information in the Abstract and main text as below:

Abstract

We summarized the adherence rate of each item and categorized them as well complied (adhered by 80% or above), moderately complied (50% to 79%), and poorly complied (less than 50%).
Main text

We divided the adherence rate of each item into three levels: well complied (met by 80% or above), moderately complied (met by 50% to 79%), and poorly complied (met by less than 50%)

3. Background: The authors use the term 'high quality' multiple times in this section but do not expand on what is considered high quality

Response: Thanks for this point. We’ve removed the first “… of high quality” in the first sentence and changed “High-quality” to “Well-reported”.

4. The background doesn't acknowledge the importance of the conduct of reviews as well as the reporting

Response: Thanks for this point. We’ve illustrated this information: “Knowing about the abstract reporting is useful for further studies and helpful to form the standard reporting checklist specific to DRMA”.

5. Line 32 - is 'embodied' the right word here?

Response: Sorry for cause confusion. We have revised this information as: “Literature surveys on abstracts reporting of systematic reviews however demonstrated that the overall abstract reporting was suboptimal that the completeness of information was insufficient.”

6. Line 55 - is 'rigorous' the right word here?

Response: Sorry for cause confusion. We’ve changed it to “informative”.

7. Please explain why the date range was chosen

Response: Thanks for this point. We’ve added the reason why we limited the data from 2011-2017.
8. Method: Lines 21-25 - It would be useful to state that a combination of keywords and index terms were used.

Response: Thanks for this point. We have added the information in the manuscript as below:

“A combination of keywords and index terms related to dose-response meta-analysis, meta-analysis of cohort studies, meta-analysis of prospective studies, meta-analysis of observational studies and non-linear meta-regression was used after discussed with four core investigators with expertise in literature search.”

9. Line 32 -please clarify 'aggregate' in this context

Response: Thanks for this point. We’ve added some illustration for “aggregate”. (In contract to individual participant data).

10. Please indicate when the search was run. Was it only limited to English language?

Response: We have added the information in the manuscript as below:

“We searched Medline, Embase, and Wiley online Library for SR-DRMAs published from 1st-January-2011 to 31st-December-2015 and then updating the searching to 31st-July-2017.”

The literature search was not limited by language, which we’ve added the demonstration in the manuscript: “…no limitations were made on the language.”

11. Please clarify what is meant by extracting 'Journal information' - what that title? Specialty?

Response: Thanks for this point. 'Journal information' means the name and scope of the journal. We’ve added this information in the revised manuscript.

12. What is meant by 'Here the funding information is extracted based on full-text'?

Response: Thanks for this point. For most of the articles (reviews), the funding information was not listed in the abstract and this information was generally provided at the end of the text. So we claim that “Here the funding information is extracted based on full-text”. This sentence may lead to misunderstanding, after a discussion by all of the authors, we think it may be appropriate to remove this sentence from the manuscript.
13. For the two additional items that were added - how was these selected?

Response: Sorry for cause confusion. These two items were added because they were provided in most of the Cochrane systematic reviews. We’ve added some illustration on why we added these two items.

14. Results: The number of DRMAs published in specialist journals and general journals does not add up to the total DRMAs

Response: Thanks for this point. We have revised this information in the manuscript as below:

“Most of which were in specialist (disease-specific) journal (n=365, 69.0%, 95%CI: 64.9%, 72.9%), followed by general journal (n=119, 22.50%, 95%CI: 19.0%, 26.3%) and epidemiology or public health journal (n=45, 8.51%, 95%CI: 6.10%, 10.90%).”

15. The last paragraph under general characteristics refers to 'finding' which I assume is supposed to be 'funding'. What is meant by 'company' in ‘1 by company’? More detail is needed

Response: Sorry for this mistake. We have revised the “finding” as “funding” in the manuscript. “1 by company” means that: among the 337 DRMAs with funding recourse, 336 were supported by government and 1 was supported by company.

We have revised these issue in the manuscript as below:

“Most of the SR-DRMAs got funding supports (n= 337, 63.7 %, 95%CI: 59.4%, 67.8%). Within the SR-DRMAs being funded (n= 337), 336 were supported by government and one was supported by the company.”

16. Third paragraph under 'adherence rate of each reporting item' (methods section) refer to 3 items (line 50) however it describes 4 items

Response: Very sorry for this confusion. We have revised this information in the manuscript as below:

“For the methods section, there were 4 items appointed, including clarifying the criteria for inclusion (AR= 81.1%, 95%CI: 77.5%, 84.3%), database sources (AR= 68.1%, 95%CI: 63.9%, 72.0%), methods for risk of bias assessment (30.2%, 95%CI: 26.4%, 34.4%), and methods of combining data (78.4%, 95%CI: 74.7%, 81.9%).”
17. Fifth paragraph under 'adherence rate of each reporting item' (discussion section) please check figures and narratives as they don't match up

Response: We’ve checked the figures and the context and revised the numerical errors in the context.

18. Check the sentence 'The scores ranged from 5 to 13...' as the figure suggests it should be 4 instead of 5

Response: Very sorry for this confusion. We have revised this information in the manuscript as below:

Figure 3 presents the overall quality score of abstracts. The scores ranged from 4 to 13 with a median value of 9 (first quartile, third quartile: 8, 10).

19. Some clarity on how/why the particular risk factors were chosen would be useful

Response: Thanks for this point. We’ve added the reasons why we choose these factors.

20. Discussion: The English used in this section needs some revision particular the third and last paragraph.

Response: Thanks for this point. We have invited a native speaker to revise the English throughout the paper and hope this revision meet the requirement.

21. Table 1: Please clarify 'Abstract structure' - does this mean the inclusion of headings?

Response: Thanks for this point. It means “Structured abstract”, we’ve revised it accordingly.

22. Why is 'epidemiology or public health' a separate category here? Was this mentioned in the manuscript?

Response: This is because epidemiology or public health neither suit for disease-specific journal nor the general journal, so we divided it separately. We classified the journal scope of the included SR-DRMAs as three categories: disease-specific journal, general journal (all diseases) and epidemiology or public health journal. We clarified this information in the Method, Results and Table 1 in manuscript.
23. Should 'Region' be 'Region of author'?
Response: Thanks for this point. We have revised this information as “Region of first author” in the Table 1.

24. Journal distribution is a different term to what's in manuscript - what does this mean exactly?
Response: We’ve changed the “Journal distribution” as “Journals” in Table 1.

25. Please check the number of decimal points used here and in the main text as there are differences?
Response: Sorry for these mistakes. We have revised the decimal points in the Table 1 and double checked related information throughout the manuscript to make the consistency.

26. Abbreviation not explained
Response: Sorry for these mistakes. We have added the explanation of the abbreviation in the Table 1.

27. Figure 1: Some narrative on the reasons for full text exclusions could be included in the main text.
Response: Thanks for this point. We have added the information in the manuscript as below:

“Among the 1306 records, 776 were excluded by the following reasons: not dose-response meta-analysis (n=596), not binary outcome (n=38), editor comments or conference abstract (n=59), meta-regression analysis (n=40), methodology study (n=17), out of time range of publish (n=11), meta-analysis contained within an original study (n=14), individual participant data (n=10) or survival data (n=1).”

28. The reason 'Contains source study' is not clear
Response: Thanks for this point. It means “meta-analysis contained within an original study”. We have revised this information in the Figure 1 and the main text.
29. Does 'without full text' mean that full text could not be obtained?

Response: Thanks for this point. Yes, we have no access for 1 article for the full text. But there may have little influence to the whole results without the article.

30. Abbreviation not explained

Response: Thanks for this point. We have revised the abbreviation as full name in the Figure 1.

31. Figure 2:'Rationale for the review' is referred to as 'objectives' in the main text

Response: Yes, the “objective” is a domain for PRISMA-abstract, while 'Rationale for the review' is the item under this domain although this is the only one item.

32. Figure 3: It should be useful to provide the PRISMA abstracts checklist as supplementary data instead of the full PRISMA checklist as this would give figure 3 more context in terms of how each item was met

Response: We have provided the PRISMA abstracts checklist instead of the PRISMA checklist in the supplementary file.

33. Title and axis do not provide sufficient detail. The figure should be understandable as a standalone without the manuscript text

Response: Thanks for this point. We have added the figure titles as below:

Figure 1: The flow chart of literature screen.

Figure 2: The adherence rate of single item of the abstract. Adherence rate indicates the proportion of SR-DRMAs meet the requirement of the item.

Figure 3: The distribution of total quality score. X-axis is the total quality score and the Y-axis is the number of SR-DRMAs under the quality score.
Reviewer 3: Juan J Yepes-Nuñez, MD, MSc, PhD

1. Overall, I feel this systematic review is a step in the right direction and applaud the working group for taking this on. I have described my comments in the next paragraphs.

Response: Thank you very much for your review, which indeed helps us improve our manuscript. We have carefully revised the manuscript according to the comments you, as below.

2. Comment 1: It would be helpful if the authors describe "users of evidence" instead of "readers" (for example on page 4, line 24)

Response: Thanks for this point. We have revised the information to “users of evidence”.

3. Comment 2: I believe the Background section would benefit from a short example of a DRMA for those users that are not familiar with this type of meta-analysis.

Response: Thanks for this point. We have added three examples in the background.

4. Comment 3: It would be helpful if the authors clarify whether they submitted a protocol of their review to Prospero or if there is any protocol available of this review

Response: Thanks for this point. We failed to register the review series in PROSPERO with the reason by PROSPERO that the context is not associated with human health.

5. Comment 4: I think there is a reference missing from the paragraph in page 4, line 58:
"Knowing about the abstract reporting is useful for further studies and helpful to form the standard reporting checklist specific to DRMA."

Response: Thanks for this point. We have added the reference in the manuscript.
6. Comment 5: Ideally, the search strategy needs to be checked by a librarian. Was it the case in this review? If yes, please clarify it.

Response: Thanks for this point. The search strategy was discussed by four core investigators with expertise in literature search. But none of them were librarians. We’ve added this information in the manuscript.

7. Comment 6: It would be helpful if the authors change the words "some artificial" in 7, line 5 for: "…that this kind of division is arbitrary."

Response: Thanks for this point. We have revised the information as: “It should be noted that this kind of division is arbitrary.”

8. Comment 7: Did the authors search for grey literature? Please clarify.

Response: Thanks for this point. We did not search for grey literature and we’ve added this information in the revised manuscript: “…We did not search the grey literature and no limitations were made on the language”; “We did not consider unpublished article and conference abstract because such types of publications generally not peer reviewed.”

9. Comment 8: It would be helpful if the authors, in the inclusion and exclusion criteria, describe those carefully since, for instance, the exclusion criteria are not the opposite of the inclusion criteria.

Response: Thanks for this point. We’ve added more illustration on the inclusion and exclusion criteria in the revised manuscript to make it more readable.

10. Comment 9: It would be helpful if the authors are consistent in the terms throughout the document: for instance, they mention cross-sectional survey and epidemiological survey indistinctly. Please clarify.

Response: Thanks for this point. We have revised the terms as “Literature survey” and consisted the terms throughout the manuscript.
11. Comment 10: It would also be helpful if the authors describe how they calibrated/pilot tested the title and abstract, and the full-text screen process.

Response: Thanks for this point. We have added the process of calibration in the revised manuscript.

12. Comment 11: It would be helpful if the authors clarify why they decided to search from 2011 to 2017. Thanks.

Response: Thanks for this point. We’ve added the reason why we limited it from 2011 to 2017 in the manuscript. This is because very little DRMA published before 2011 (the methodology of DRMA was under developing before 2011).

13. Comment 12: It would be helpful if the authors clarify the implications of using a PRISMA abstract checklist modified. From a methodological point of view, there are significant flaws in changing items of a scale without prior validation of this change. There are also some considerations the author needs to describe as they developed the scoring system to assess the information of each item. This approach has to be explained explicitly with its methodological implications on the data analysis and drawing conclusion of their results.

Response: Thanks for this point. We’ve added the reason why we modified (added another two items) the checklist in the revised manuscript. We also discussed it in the discussion part.

The reason we added two items was that we found the Cochrane SR generally reported the combing methods and the RoB in the abstract. Another reason was that information of these two items are important evidence for further development of the guideline for DRMA abstract reporting. We agree that this modification is arbitrary.

14. Comment 13 Please adapt the discussion, and conclusion according to the observations described above.

Response: Thanks for this point. We’ve revised the discussion accordingly.
15. Overall, despite the many points, I raise for this systematic review, it is a critically important work in its field.

Response: Thanks very much for your in-depth comments for this manuscript, it helps a lot for us.

Juana Gómez Benito, Ph.D. (Reviewer 4):

1. The objective of the manuscript was to investigate the quality of the abstracts reported in dose-response meta-analysis and to evaluate potential factors influencing quality. Although it is true that it is a manuscript with a novel theme and that it is well structured and organized, it requires changes and improvements in the following areas:

Response: Thanks for your review and valuable comments for this work. We have revised the manuscript accordingly and hope this revision meet the requirement.

2. Title: the expression in the title "Cross-sectional survey" gives a wrong idea of the objectives and the procedure used in the article, given that the term is widely used in studies observations. I would suggest changing simply by "Literature survey".

Response: Thanks for this point. We have revised the title as “Assessment of the abstract reporting of systematic reviews of dose-response meta-analysis: A Literature survey”. All the related terms in the manuscript were revised accordingly.

3. Abstract: According to what has been said about the Title, changing the expression "cross-sectional survey" to "literature survey" is again suggested. It would also be advisable to write the objective in a similar way to that reported in the previous paragraph to the Method section.

Response: Thanks for this point. We have revised the title as “Assessment of the abstract reporting of dose-response meta-analysis: A Literature survey”. All the related terms in the manuscript were revised accordingly.
4. Background: In the last paragraph, incoherence is observed in the years of the search indicated here with those shown in Figure 1. Here it is indicated that the search took place in the period of time between the years 2011 and 2017; while Figure 1 indicates that a search was carried out until December 31, 2015 and it was updated in August 2017. It is necessary to clarify this time range, as well as to state the reasons why this period of time was chosen and not another.

Response: Thanks for this point. We’ve added the reason why such a period is chosen in the revised manuscript. We conducted the first search in 31st-Decemember 2015 (limited the time range as 1st -January-2011 to 31st-Decemember 2015) and the primary time range is 2011 to 2015, however, we updated it in 1st-August 2017 (limited the time range as 1st-Jan 2016 to 30-July 2017) as many DRMAs published during our research. In the revised manuscript, we have unified the searching date of the whole manuscript.

5. Similarly, the words "epidemiological survey" should be changed to "literature survey".

Response: Thanks for this point. We have revised all these terms as "literature survey" throughout the manuscript.

6. Method: Data source: Pubmed and Medline are often mentioned as if they were the same database, but it is not: Pubmed is not only Medline, although its main component is this database. For this reason, it is necessary to clarify whether Medline was used (as indicated in the abstract and in the Method section) or Pubmed (as indicated in Figure 1).

Response: Very sorry for this confusion. We agreed with your point and have revised Pubmed as Medline throughout the paper.

7. Data extraction: did the authors have any coding card, code book, etc., to guide the coding process?

Response: Thanks for this point. We did not extract the data by code. We extracted this information manually in a predefined excel sheet with fixed options.
8. **Discussion:** Again the change of the term "Cross-sectional survey" by "Literature Survey" is suggested. Likewise, and considering that the objective of the manuscript is to investigate the quality of DRMA abstracts and to evaluate the influence of a certain number of factors affecting its quality, it is necessary to discuss in depth the findings from the regression analysis, taking into account the context, the previous findings and their applicability and, of course, the antecedents exposed in the Background section. It would also be interesting to include some discussion on the extent to which the methodological quality of the meta-analysis included can influence the results obtained. In summary, the improvement of the Discussion section is transcendental to move from a summary of the findings to a true discussion of the results.

**Response:** Thanks for this point. We’ve revised the discussion accordingly.

**Reviewer 5:** Iván D. Florez, MD; MSc, PhD(c)

1. Interesting manuscript, which provides good insight on the field of DRMA, and will be useful to continue methodological research on the field. However, the manuscript has many issues that need to be addressed before continuing the process.

**Response:** Thanks for your review and valuable suggestions on this manuscript, which helps a lot for us to improve it.

2. The manuscript has numerous grammar and language issues, which need to be addressed. I suggest authors to consider finding a native English speaker to proofread the manuscript.

**Response:** Thanks for this point. We have invited a native speaker to revise the English throughout the paper and hope this revision meet the requirement.

3. I disagree with the following statement: "The abstract reporting of DRMA is therefore expected to be more rigorous to traditional meta-analysis". the fact that DRMA explores dose-response relationship does not support the idea that these MA should have a better abstract than the regular MA. Both MA should be written in the most rigorous way.

**Response:** Thanks for this point. We’ve revised the statement by changing “rigorous” to “informative”.

4. In methods, there is no clear justification for choosing studies only from 2011. Please clarify.

Response: Thanks for this point. We’ve added the reason that we limited the time period from 2011. This is because very few DRMAs published before 2011 (The code for DRMA based on GLST method was released until 2011).

5. I think that the rationale of focusing on dichotomous outcomes, based on the low number of continuous outcomes DMRA, is not strong enough. A low number of studies does not necessarily mean that they shouldn't be studied.

Response: Thanks for this point. We’ve added another reason that the results reporting of DRMAs of continuous outcomes were of more flexible (and different), for example, it allows zero-reference for relative difference and non-zero-reference for absolute difference. While for dichotomous outcomes there was only relative difference.

6. It is not clear how the decision of including an abstract to the next stage of the selection process was performed. Was an agreement between the two reviewers required? How disagreements were handled?

Response: Thanks for this point. The disagreement was solved by consensus. We’ve revised the statement in the manuscript.

7. Regarding full text review stage: it is not clear how the reviewers reviewed them: Was this review independently and in duplicate? This should be clearly stated.

Response: The full-text screen is conducted independently. We’ve clarified this information in the revised manuscript.

8. Figures need to be adjusted to improve their resolution.

Response: Thanks for this point. We have use the PDF version of the figures in the revised manuscript.