Reviewer’s report

Title: Auriculotherapy to control Chemotherapy-Induced Nausea and Vomiting in patients with cancer: protocol of a systematic review

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Reviewer: Farhad Shokraneh

Reviewer’s report:

The authors have targeted an important side effect of chemotherapy and a potential treatment. I think it is a systematic review of interest for many audiences and I am sure its results will be used in practice somehow. However, I think there are certain points to be considered before the study could take off.

1. LANGUAGE

1.1. The manuscript requires a language editor. There are obvious errors such as using 'systematic revision' instead of 'systematic review', vomit versus vomiting, 2.500 years, consists in, …; there are sometimes incomplete sentences; and sentences with wrong structure.

2. ABSTRACT

2.1. 'A meta-analysis will be undertaken…' this sentence in incomplete.

3. BACKGROUND

3.1. 'The medications normally used to control the CINV are …' to support this sentence, the authors need to cite more than clinical practice guidelines while they have not.

3.2. The authors claim that auriculotherapy is low cost and safe and it can be accessed in community without medical prescription. The claim of low cost needs an economic evidence and its safety requires citing another systematic review(s). It could be written that 'this intervention have been reported to be low cost and safe for patients with XX’ if there is a real evidence rather than narrative. The authors did not report if this intervention requires skilled practitioners that might not be available in many healthcare systems and countries and if referring people to therapies outside healthcare systems is an accepted approach or should a new service be created in the system. Even if there are people who can receive the auriculotherapy training, there should be pragmatic support from both policy and practice (clinical guidelines and healthcare system). The need for skilled practitioners, policy and the system requirements for implementation of this intervention have not been reported.
3.3. The mechanism of intervention in the body/mind has not been explained and the authors only mention it is related to nervous, neuroendocrine and immune systems.

4. METHODS

4.1. In Information Sources, the authors mention ICTRP but not CT.gov. Although ICTRP includes all registers but its search is not inclusive, so many systematic reviews search CT.gov separately as well.

4.2. The authors will search Chinese databases because these databases are standard sources for all CAM studies; however, later the authors introduce language bias by including only English, Portuguese, and Spanish languages. Such limitation might be accepted for non-CAM systematic reviews but for this review, the authors must include Chinese studies or it is a major limitation. It is also understandable if the authors do not have resources to support the Chinese language so I suggest them to find two volunteer Chinese co-authors through taskexchange.Cochrane.org or contacting the authors of relevant literature or similar registered systematic reviews in PROSPERO. If they could not find the co-authors, the authors can link to their notice on taskexchange and mention that we tried to find volunteer co-authors but we could not. I also suggest not limiting the literature to any language.

4.3. In search strategy, the MeSH headings are not correct; the name of the chemotherapy drugs are missing; there is no use of field tags, truncation, and wild card; there is no AND combination at the end to combine the blocks; and above all, the authors have not used Cochrane RCT filter from Cochrane handbook to identify RCTs. The simple solution for all search issue is to involve an information specialist or a librarian who have been involved in systematic reviews. Again, it could be from the authors' institute or taskexchange.

4.4. Table 1 reports many different types of auriculotherapy but their details have not been reported in background or as a separate appendix so it is unclear what are the differences among these techniques. Maybe the authors could suggest a classification for auriculotherapy techniques. On the other hand, the intensity, duration, timing, etc., of intervention have not been considered. I refer the authors to template for intervention description and replication (TIDieR) checklist and guide to describe the intervention in a better format and structure.

4.5. In 'Type of Interventions/exposure' the authors refer to devices among which there is 'chemotherapy' without clarifying how chemotherapy is the device or relevant to auriculotherapy.

4.6. The reason for limiting the age group to adults is not clear.

4.7. There is no mention of sensitivity analysis.

5. DATA SHARING
5.1. In availability of supporting data, the author mention that it is not applicable. I disagree and I think the all search strategies and all structured data extraction form (word, excel, XML, or any other format) can be shared. These are data, sharing them will reduce the waste in time, and resources for people who want to update the review or use its data.

It is clear to me that the authors have enough resources and enthusiasms to conduct this systematic review so I encourage them to follow a quality practice in methods and data management. I can’t wait to see the final draft of this protocol online and I will be happy to do the peer-review of the final report of this systematic review.

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Not suitable for publication unless extensively edited

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