

Peer Review File

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Review Comments A:

Comment 1---- 1. The spelling and grammar should be rechecked, for example, stains should be corrected as strains, gam-negative should be Gram-; the initial of each sentence should be in capital and there should have space after punctuations.

Reply: we have modified our text as advised (see Page 8, line 176)

Comment 2----2. The abstract was so long and need to be re-write, no need to mention all the contents in the part;

Reply: we have modified our text as advised (see Page 1-2 Line12-42)

Comment 3----3. The logic of the introduction should be clear, just need to mention why to conduct the study. The paragraph 89-92 seems not related.

Reply: we have modified our text as advised. We have deleted the the paragraph 89-92. (see Page 3-4 Line49-84)

Comment 4--The explanation of definitions, like CIAIs, comprehensive effect should be clear and concise;

Reply: we have modified our text as advised. (see Page 9, line 190-194)

Comment 5--5. As the manuscript reported, there were pathogens that resistant to tigecycline in nature (10 strains in total) isolated from patients but did not report to what extent it affected the efficacy of tigecycline. In detail, if we do not know how many patients in tigecycline group had *Pseudomonas aeruginosa* and *proteus*, it is difficult to compare tigecycline's efficacy, because patients in tigecycline group with either *pseudomonas* or *proteus* infection will received an delayed antibiotics treatments, because all these pathogens were resistant to tigecycline and delayed appropriate antibiotics therapy was the independent risk factor of clinical failure;

Reply: we have modified our text as advised. We reported a total of 12 strains MDROs isolated, 8 strains in the meropenem group and 4 strains in the ticycline group. We added table 4 to illustrate the clinical outcome for both groups of patients with MDROs. Our data revealed that there were no significant differences in clinical outcome for MDRO infection between two groups. The sample size of patients with MDROs was small, which is the limitation of our study. This lead to deviation in statistical analysis.

In tigecycline group, we isolated 4 strains *Pseudomonas aeruginosa* and 1 strains *proteus*. 4 pathogens comprised 3 strains of *Pseudomonas aeruginosa* and 1 strains *Proteus mirabilis* were recovered on culture from 4 patients in tigecycline group, in which 3 patients were cured, one patient failed, and we have added the information to my manuscript.

These two species accounted for a very low proportion of all microorganisms and have little impact on the clinical outcome of tigecycline group moreover. We added cefoperazone-sulbactam as combination agent if culture results isolated from tigecycline group organisms identified as *Pseudomonas aeruginosa* and *Proteus spp*

Comment 6--6 Similarly, there were 42 Gram-positive strains were isolated, still did not know the distribution in the two groups, but as the methods parts reported, only patients in meropenem group had the opportunity to receive vancomycin if there were Gram-positive pathogens isolated. Therefore, it is critical to judge these confounding effects, or it would under-estimate the true effect of tigecycline, because no vancomycin used together with it.

Reply: we have modified our text as advised .

We had added the pathogens distribution in two groups, including Gram-positive bacteria in tanble 3. In Gram-positive bacteria, we reported 25 strains microorganisms in meropenem group and 17 strains in ticycline group pathogens, respectively. As we reported in Study procedures of the manuscript, in meropenem group ,we added vancomycin as combination if there is suspected or confirmed Gram-positive infection. So For all patients with 25 causative pathogens, vancomycin is added in clinical practise to cover these microorganisms.

Review Comments B:

Comment 1

1. no antibiotic susceptibility of tigecycline and meropenem against these pathogens was done, which could largely limit the significance of this study.

Reply: We manly discussed the efficacy of tigrcycline and meropenem from clinical aspects, more concerned about the clinical outcome, so ignored the antibiotic susceptibility of tigecycline and meropenem.

Comment 2---2. Please revised table 3 according to tigecycline and meropenem group.

Reply: we have modified our text as advised (see table 3)

Comment 3----3. Please described the use of combination therapy in each group.

Reply: We have described in the STUDY PROCEDURES section (see page5-6 ,line 103-118)