

Peer Review File

Article information: <http://dx.doi.org/10.21037/jphe-20-38>

Review Comments

Comment 1: Sentence line 57-59 not clear, review the language.

Response1: We have review the language.

Changes in the text: See sentence line 91-93.

Comment 2: Sentence 67-69 needs to be referenced.

Response2: We have added the reference.

Changes in the text: See sentence line 101-103.

Comment 3: Line 84, change "visiting" with "accessing".

Response3: We have made the change.

Changes in the text: See sentence line 118.

Comment 4: Line 85 and 93, insert the name of the city instead of XXX.

Response4: We have made the change.

Changes in the text: See sentence line 119 and 127.

Comment 5: Explain why a 1:1 case to control ratio was chosen (instead of 2:1, 3:1 or 4:1...)

Response5: We chose a 1:1 case-control study to reduce the effects of sex and age. Instead of exploring risk factors for PTB, we were aiming at evaluating the diagnostic value of C-reactive protein, IgG, and IgA for detection. Besides, it was difficult to find the proper healthy control. Thanks very much for your advice.

Changes in the text: None.

Comment 6: Line 182, change demonstrate with show.

Response6: We have made the change.

Changes in the text: See sentence line 224.

Comment 7: Discussion: You properly referenced to the paper by Lawn et al. (2013).

I suggest you to refers also to other recent papers as:

- Ciccacci, F., Floridia, M., Bernardini, R., Sidumo, Z., Mugunhe, R. J., Andreotti, M., ... & Giuliano, M. (2019). Plasma levels of CRP, neopterin and IP-10 in HIV-infected individuals with and without pulmonary tuberculosis. *Journal of Clinical Tuberculosis and Other Mycobacterial Diseases*, 16, 100107.

- Yoon, Christina, et al. "Diagnostic accuracy of C-reactive protein for active pulmonary tuberculosis: a meta-analysis." *The International Journal of Tuberculosis and Lung Disease* 21.9 (2017): 1013-1019.

Response 7: We thank the reviewer for our suggestions to our manuscript. We have added the references according to your comments.

Changes in the text: See sentence line 249-252.

Comment 8: Interestingly many studies about CRP role in TB diagnosis involve HIV

patients. You could mention whereas your patients were screened for HIV infection. Moreover, you could discuss the possible reasons for different performance of CRP in TB diagnosis in your HIV- patients.

Response 8: We did not screen the patients for HIV infection, unfortunately we could not discuss the performance of CRP in TB diagnosis in HIV- patients.

Changes in the text: None.

Comment 9: Figure 2: Not clear what the plots A, B, C, D, E, F refers to

Response 9: As shown in Figure 2, A, B, C refers to the comparison of CRP, IgG and IgA between control group and TB group, and D, E, F refers to comparison of CRP, IgG and IgA between the bacteriological positive TB and bacteriological negative TB.

Changes in the text: See sentence line 150-154.

Comment 10: Similar to the comment to figure 2 is not clear what A, B, and C refers to

Response 10: As shown in Figure 3, A refers to comparison of the AUC of CRP alone between bacteriological positive TB and bacteriological negative TB. B refers to comparison of the AUC of combined CRP with IgG between bacteriological positive TB and bacteriological negative TB. C refers to comparison of the AUC of combined CRP with IgG and IgA between bacteriological positive TB and bacteriological negative TB.

In Figure 4, A refers to the comparison of the AUC of CRP alone, combined CRP with IgG, combined CRP with IgG and IgA between TB group and control group. B refers to the comparison of the AUC of CRP alone, combined CRP with IgG, combined CRP with IgG and IgA between bacteriological negative TB and relevant control group. C refers to the comparison of the AUC of CRP alone, combined CRP with IgG, combined CRP with IgG and IgA between bacteriological positive TB and relevant control group.

Changes in the text: None.