

# Clarification of issues brought up by 'Is highflow nasal cannula better for children with bronchiolitis?'

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Thanks for your review (1) of our study (2).

For the search strategy, we only included two English databases as we found that most of the literature are in these two databases. However, we should have included other databases for more comprehensive search.

For the bias tool, we do notice that the reference 10 was an observational study. However, since it is a prospective cohort study, we can still use Cochrane risk of bias (ROB) to assess the bias of the study. Although Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guideline recommends quality assessment with detailed scores as Jadad does, we should not treat it as a solid standard. Jadad scale is too old to assess the bias of randomised controlled trials (RCTs). Cochrane ROB could provide us with more information of the bias, which is kind of strong indication of the quality. We revealed it in *Figs.* 2,7.

For the publication bias, we revealed the result with funnel plot. However, it is indeed better to assess the publication bias with quantitative tools as Egger's test or Begg's test.

Lastly, we did not perform sensitivity analysis because our primary outcomes effect size pooling showed no significant heterogeneity  $I^2=0\%$ , and we only included 7 studies for this outcome. However, we should have performed sensitivity analysis to check the stability of the results.

We will enhance our work and make it more convincing next time.

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