

## Peer Review File

**Article Information:** <http://dx.doi.org/10.21037/apm-20-1052>

### Review Comments A:

**Comment 1:** revise the manuscript for clarity and correct usage.

**Reply 1:** We have modified our text as advised.

**Changes in the text :**

1. L 34 “A higher proportion of invasive device” have changed to “A high proportion of invasive device” in blue as L 31 of original manuscript.

2. Delete the “Abbreviations” part.

3. Delete “as shown in Table 1” in Page 6 Line 121.

4. The rest of revised part was highlighted in yellow.

**Comment 2:** A lot of abbreviations have been used in the Abstract without being defined there. Journal instructions do not allow abbreviations in the Abstract.

**Reply 2:** We have modified our text as advised.

**Changes in the text :** See “Abstract” for details in blue.

**Comment 3:** L92-93. The authors stated they collected records for all patients with a urine culture yielding KP levels >10<sup>5</sup> cfu/ml with no more than two microorganisms present. This implies that some patients would have a second pathogen. Authors should discuss this issue.

**Reply 3:** The original intention of the sentence is to express we only collected records with only one microorganism urine culture as *KP*, this is a expressive mistake.

**Changes in the text :** See Page 5 line 92.

**Comment 4:** Correct the name of the bacteria: *Klebsiella pneumoniae*.

**Reply 4:** We have modified our text as advised.

**Changes in the text:** See Page 1 line 2.

**Comment 5:** L70-72. Please revise this sentence because it is confusing.

**Reply 5:** We have modified our text as advised.

**Changes in the text :** See Page 3 line 65 to Page 4 line 67 in revised manuscript.

**Comment 6:** L155-161. Revise to improve the grammar and readability.

**Reply 6:** We have modified our text as advised.

**Changes in the text :** See Page 8 line 154-160 in revised manuscript.

**Comment 7:** L244. Capital letter in “However…” .

**Reply 7:** We have modified our text as advised.

**Changes in the text :** See Page 12 line 244.

**Comment 8:** Reference #13. Does not seem to have the right format. Please, revise.

**Reply 8:** We have modified our text as advised.

**Changes in text:** See Page 16 Reference #13.

**Comment 9:** Tables 2 and 3. Revise formatting.

**Reply 9:** We have modified our text as advised.

**Changes in text:** See details in table page (we have separated Table 2 and 3 into another 4 Tables).

**Comment 10:** Table 3. Revise the numbers of “Gender (male)” and “carbapenems”

**Reply 10:** We have modified our text as advised.

**Changes in text:** See details in table 3.1 in blue.

### **Review Comments B:**

**Comment 1:** Tables 2 and 3 show risk factors and compare differences between ESBL+ and ESBL- KP CAUTI with reported p-values and also reports p-values for each risk factor's significance in the multivariate logistic regression model. The odds ratio and 95% confidence intervals are only reported for complicated UTI and congestive heart failure and not other variables? Could these be presented as a separate table? What was your final model? I suspect that the wide confidence intervals albeit significant where it was is due to overburdening the model with variables that do not need to be present.

**Reply 1:** Thanks for your comments, we have separated the multivariate logistic regression model as another table named Table 2.2 and Table 3.2 as shown in revised manuscript. In our model, we found only complicated UTI and congestive heart failure were independent risk factor for ESBL positive KP-CAUTIs and in-hospital mortality respectively, so other meaningless variables results were not shown. Our research was characterized by multivariate and relative less samples, so we choose this statistical methods and description to build model for preliminary work with a view to carry out further research.

**Changes in text:** See detail in Table 2.2 and 3.2.

See Page 8 line 174 and Page 9 line 179 in blue.

See Page 9 line 191 and line 194 in blue.

**Comment 2:** The authors explain that men having longer urethra may be a possible explanation as why male gender is a risk factor for KP-CAUTI. That may infact be protective. perhaps males having obstructive uropathy needing catheterization

would be a better plausible explanation. **Reply 2:** We have modified our text as advised.

**Changes in text:** See Page 10 line 208 to 211 in blue.

**Comment 3:** Any reason why diabetes was not a significant predictor of KP-CAUTI?

**Reply 3:** Diabetes was identified as risk factor for catheter associated urinary tract infections in lots of researches, however we failed to find the relevance. The possible reason maybe the urine of patients with diabetes is a source of microbial growth and an immunocompromised state is a characteristic of these patients, which puts them at a high risk for developing urinary tract infections even CAUTIs. So little research was found to prove diabetes was not a significant predictor of KP-CAUTI.

**Changes in text:** -

**Comment 4:** Nosocomial death appears to be neologism and would literally mean death in the hospital. I would recommend Hospital-acquired infection related death during index hospitalization.

**Reply 4:** Thanks for your comments, in our research the nosocomial death was defined as death of any cause during hospitalization not just limited to infection. So we choose "in-hospital mortality" as a substitute for nosocomial death to express our idea simply and clearly.

**Changes in text:** See details in "Results" part and Table in blue.