

Peer Review File

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**Reviewer A**

**Comment 1: Would suggest reconsidering inclusion of articles in process for your meta-analysis as, as your outcome is to compare studies, without completion you won't have the final data available which will not add to your intended outcome.**

**Reply 1:** Thank you for your precious suggestions during the COVID-19 period. Following your suggestion, we will only include the completed studies to ensure that there have the final data to get our intended outcome, and the ongoing studies will be excluded.

**Changes in the text:** We have modified the inclusion criteria in the text and marked them in red. (see Page 7, line 130-133)

**Comment 2: You mention comparing SBM and BSFS but if this is not objectively provided in the literature reviewed it may not be possible to do so.**

**Reply 2:** Thank you for your precious suggestions. In our study, we will focus on the following outcomes: SBMs, CSBMs, BSFS, responder rate and PAC-QOL questionnaire. If the study did not provide SBM and BSFS but provided other outcomes mentioned above (such as responder rate and PAC-QOL), it will also be included for comparison. If the trial did not provide any of these indicators, it will be excluded. Finally, all the studies reporting the same outcomes will be synthesized accordingly.

**Changes in the text:** We have modified our text as advised and marked them in red. (see Page 9, line 158) Trials that cover 1 or more of the below-mentioned outcomes will be included. Otherwise, the study will be excluded.

**Comment 3: The outcomes and goal of the meta-analysis are excellent and very interesting. Certainly, there is a need for this type of comparison in the literature. That said, there are many variables you plan to compare however it may prove difficult to clearly compare given the heterogeneity of the articles available.**

**Reply 3:** Thank you for your recognition. In the meta-analyses (MAs) of acupuncture-related therapies, heterogeneity is always inevitable, especially in the network MA (NMA) of multiple comparisons. In our NMA, after the heterogeneity is established, our reviewers will search for possible sources from the clinical and methodological perspective then perform subgroup or sensitivity analysis to detect the possible causes of heterogeneity. Therefore, we will achieve comparisons among these variables on the premise of high-quality methodology.

**Changes in the text:** No changes in the text.

**Comment 4: If data is identified it may be interesting to comment on the impact cost had on access and completion of the trials as well as the rate of participant drop-out (& reason) if available.**

**Reply 4:** Thank you for your precious comments. The present manuscript is a protocol, there indeed are no detailed data around the cost and the rate of participant drop-out (& reason). Following your comments, we will also focus on the cost and the rate of participant drop-out (& reason). When our NMA is completed, we still sincerely hope to have an opportunity to get your suggestions again.

**Changes in the text:** No changes in the text.

### Reviewer B

This is a very important and interesting SR and I would like to acknowledge the authors for setting up this study, which seems methodologically sound. However, there are some issues I would like to point out.

**Comment 1: Language: In some sections of this manuscript, the article lacks flow or contains grammatical errors. The entire manuscript needs to be thoroughly reviewed for any potential language/grammar errors.**

**Reply 1:** Thank you for your precious suggestions during the COVID-19 period. The manuscript has been thoroughly reviewed and polished by the AME language editors J. Jones and J. Chapnick (<https://editing.amegroups.cn>), and the certificate has been attached.

**Changes in the text:** This manuscript has been thoroughly polished, and we also acknowledge these two editors' names in the “Acknowledgments” section. (See Page 18, line 356-357)

**Comment 2: Introduction: the introduction lacks a concise/precise yet complete definition of functional constipation, please refer to the Rome IV criteria (preferably listing them) and referring to the original publications. I recommend referencing the original Rome criteria publications throughout the manuscript when referring to the Rome criteria.**

**Reply 2:** Thank you for your precious suggestions. We have modified the definition of FC refer to the Rome IV in the “Introduction” section. We also referencing the original Rome criteria publications (Gastroenterology. 2016 Feb;undefined:undefined. doi:10.1053/j.gastro.2016.02.031) throughout the manuscript when referring to this criteria.

**Changes in the text:** We have modified the definition of FC refer to the Rome IV in the Introduction and marked them in red (see Page 4, line 53-57).

**Comment 3: Methods: the authors adhere to the PRISMA checklist, they have registered their SR, they use (at least) 2 authors for study selection and search in several databases, the methods for meta-analysis and meta regression are predefined and the meta-analysis authors will use validated quality assessment tools. In general, the methodology seems sound.**

**Reply 3:** Thank you for your recognition.

**Changes in the text:** No changes in the text.

**Comment 4: The authors have chosen response rate as secondary outcome and have defined it as "a participant with  $\geq 3$  SBMs per week or a BSFS score of 3 to 5". This seems to be an unsatisfactory definition, since it may easily include participants who still have symptoms (and therefore are not truly responders). Please consider using the definition: no longer fulfilling the Rome criteria (as recommended in: Neurogastroenterol Motil . 2018 Apr;30(4):e13294. doi: 10.1111/nmo.13294. for pediatric studies). Or explain why the chosen outcome is deemed to be an appropriate outcome.**

**Reply 4:** Thank you for your precious suggestions. We have modified the definition of response rate (A responder was defined as no longer fulfilling the Rome criteria for FC) following your suggestions. We also referencing the original publication (Neurogastroenterol Motil . 2018 Apr;30(4):e13294. doi: 10.1111/nmo.13294.) where listing this definition.

**Changes in the text:** We have modified the definition of response rate (A responder was defined as no longer fulfilling the Rome criteria for FC) and marked them in red (see Page 9, line 171-172).

**Comment 5: Please specify if only pediatric studies will also be included in this SR or if it will only include studies in adult patients.**

**Reply 5:** Thank you for your precious suggestions. Our SR will only include studies in adult patients ( $\geq 18$  years), and the pediatric patients ( $< 18$  years) will be excluded from our NMA.

**Changes in the text:** We have modified our text as advised and marked them in red. (see Page 8, line 135 and 137)