
Peer Review File

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Reviewer A

Review carried out with a great deal of foresight, without seeking to compare the different forms of PRF. The presentation is clear and concise. Conclusions are easy to understand. A job well done.

Reply: Thank you for your kind review.

Reviewer B

This is a very informative narrative review about PRF in OMFS.

The manuscript was well-organized and easily written, and as a reader, I enjoyed it while I reviewed the article.

It would be better to describe more detailed information about included or excluded articles. (diagram or table)

In line 93, the sentence requires a reference notation.

Reply: Thank you for your feedback. As this is a narrative/literature review, and not a rigorous appraisal of the included literature, we included articles relevant to the topic of discussion, stated in the methods section. Given the wide variety of literature, a detailed diagram/table of inclusion or exclusion of articles is out of the scope of a literature review in the authors opinion and more suited for a systematic review.

Changes in Text: In line 93, citation was added, and all of the remaining citation numbers updated.

Reviewer C

Provide bibliography- The use of autologous platelet concentrates has been extensively studied in many specialties of

47 surgery and medicine. Hematology and transfusion medicine pioneered the early development of platelet

48 concentrates as a treatment for thrombocytopenia. Further advancements in technology and technique

49 led to expanded uses as a hemostatic and adhesive agent in surgery. As clinical interest has continued to

50 grow, much of the current literature investigating platelet concentrates focuses on regenerative

51 applications. The multitude of protocols and categories of autologous platelet concentrates is a point of

52 confusion for many clinicians and trainees. While this review focuses on platelet-rich fibrin (PRF), it is

53 important to briefly discuss first-generation platelet concentrates.

54 In the long history of autologous platelet concentrates, the field of Oral and Maxillofacial surgery

55 took an early interest.

A disadvantage of fibrin sealant is the use of donor plasma and possible viral transmission, which 63 resulted in commercial fibrin sealant products not receiving FDA approval until 1998.

Tayaponksak et

64 al. introduced autologous fibrin adhesive to eliminate this disadvantage in 1994.

How the articles were selected/
What are the limitations of the present review?
Was the review registered?

Reply: Thank you for your feedback. Details of how the articles were selected can be found in lines 97-106. This is a narrative/literature review and not a systematic review.

Reviewer D

The article submitted for review focuses on the application of platelet-rich fibrin (PRF) in oral and maxillofacial surgery. The paper begins with a historical review of autologous platelet concentrates and focuses on the development of PRF and its potential applications. The authors draw attention to the lack of clear guidelines regarding the use of autologous platelet concentrates. In their work, they mainly focus on PRF. The aim of the study was to investigate the clinical applications of PRF in maxillofacial surgery. The authors evaluate the evolution of PRF protocols since its introduction in 2001, discussing the different subcategories of PRF: L-PRF, A-PRF, A-PRF+, i-PRF. The advantage of the work is the presentation of technical aspects of obtaining individual types of PRF, i.e. the spin radius, the angle of inclination of the test tube and the material from which it is made. The knowledge gathered here is of a utilitarian nature for the potential reader. The authors discuss the role of PRF in the regeneration of the alveolar bone of the jaws, temporomandibular joint disorders and osteomyelitis. Unfortunately, there is no information on the content of individual blood components in PRF and no comparison with PRP - such a summary should be added to the text.

Reply: Thank you for your constructive feedback. The purpose of this article is to focus on PRF applications in oral and maxillofacial surgery. The introduction provides a historical context with reference to other autologous platelet concentrates for clarity. The authors did not aim to compare different autologous platelet concentrates to PRF (such as PRP), but simply aimed to discuss PRF and the applications in oral surgery (as stated in the invitation to write this article). Information on platelets and the content of blood components in PRF can be found in lines 108-135.

Most of the studies included in this systematic review focus on procedures such as alveolar ridge preservation, sinus lift, third molar extractions, and implant placement. The authors discuss the use of PRF in maxillofacial surgery, temporomandibular joint dysfunction (TMJ) and osteonecrosis of the jaws (MRONJ and ORN). This review takes into account data collected from numerous scientific studies, making it a valuable source of knowledge in the field of dental and maxillofacial surgery. The small number of tables included in the article reduces the readability of the text. The submitted article mostly consists of plain text, which makes it difficult to understand the presented data. In terms of grammar and style, I have no objections. Minor errors do not negatively affect the reception of this article. The language is scientific but simple, which makes it easier to understand for most readers. All this means that the overall impression and perception of the article would be much better if the work were enriched with graphics - bar charts, line charts, tables.

To sum up, the article provides valuable information on the use of platelet-rich fibrin in maxillofacial surgery.

However, there are some issues in this work that I would like the authors to take into account:

- Presenting the obtained data using graphical charts (bar, pie) and tables would increase the transparency of the work.
- summary in the form of a table of the composition of PRF and PRP

- adding photos of the centrifuge and individual types of PRF would improve the overall image of the manuscript
- despite quite up-to-date literature, the authors missed the following very important and current items that should be added to the manuscript
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- it is advisable to include a fragment of the discussion regarding the comparison of the effectiveness of the use of PRF with other methods of treating MRONJ

After making the above-mentioned corrections, the article should be re-evaluated.

Reply: This article is not a systematic review. This article is a narrative/literature review and was submitted as such. The methods section details the method used to identify articles to include for transparency. This article does not serve to compare PRF and PRP. A historical summary is provided in the introduction, but the purpose is to discuss PRF applications in oral and maxillofacial surgery.

Changes in Text: Addition of second recommended reference lines 245-247. Addition of first recommended reference lines 252-256.

Reviewere E

Dear authors, thank you for submitting the article entitled "Platelet Rich Fibrin: A Literature Review of Applications in Oral and Maxillofacial Surgery." In an effort to assist, we would like to suggest:

The authors conducted a literature review on the topic of Platelet Rich Fibrin. The article is a literature review, although it initially consulted 3 databases. We suggest that in order to draw stronger conclusions: Follow the PRISMA model to conduct at least one qualitative systematic review. Create a diagram showing the number of articles found per consulted database, selection and exclusion criteria. Finish with the articles selected by previously studied variables. Insert a table with authors, date, type of surgery, and main findings. Adapt the methodology and include the study type. It requires further adjustment.

Certainly, a systematic review following the PRISMA standard will make the article more robust and lead to better conclusions.

Sincerely

Reply: Thank you for your feedback. This is a narrative/literature review article and was submitted as such. The article does not serve as a comprehensive search of all literature in the field and is not a rigorous appraisal of the included literature as a systematic review would. This was an invited narrative review, discussing PRF.