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Reviewer A

- Introduction part
Line 46, Ref 3-4 might be the wrong citation because you mentioned the prevalence of COPD in China.
Reply 1: I am sorry to make this wrong citation.

[3] Zhong N, Wang C, Yao W, et al. Prevalence of chronic obstructive pulmonary disease in China: a large, population-based survey. Am J Respir Crit Care Med, 2007, 176: 753-760 DOI: 10.1164/rccm.200612-1749OC.
[4] Wang C, Xu J, Yang L, et al. Prevalence and risk factors of chronic obstructive pulmonary disease in China (the China Pulmonary Health [CPH] study): a national cross-sectional study. Lancet, 2018, 391: 1706-1717 DOI: 10.1016/s0140-6736(18)30841-9.

Line 60, The sentence cited about GOLD guideline 2017 but Ref 9 is GOLD workshop summary 2001.
Reply: I have revised as follows:
Vogelmeier C F, Criner G J, Martinez F J, et al. Global strategy for the diagnosis, management, and prevention of chronic obstructive lung disease 2017 report. GOLD executive summary[J]. American journal of respiratory and critical care medicine, 2017, 195(5): 557-582.

Line 60-61, please add references to the previous studies you mentioned.
Reply: I have revised as follows:

[10] Donohue JF, Betts KA, Du EX, et al. Comparative efficacy of long-acting β2-agonists as monotherapy for chronic obstructive pulmonary disease: a network meta-analysis. Int J Chron Obstruct Pulmon Dis, 2017, 12: 367-381 DOI: 10.2147/copd.s119908.
[11] Chung VC, Ma PH, Hui DS, et al. Indacaterol for chronic obstructive pulmonary disease: systematic review and meta-analysis. PLoS One, 2013, 8: e70784 DOI: 10.1371/journal.pone.0070784.

- The material and methods part were well-written.
1. For the outcomes, FEV1 should be clearly described, Ex. Change from baseline differences in trough FEV1.
Reply: I have revised as follows:
Primary outcome: trough FEV1(change in mL from baseline).

- The data in Table 2-6 were difficult to understand. I suggested the authors consider the represented pattern.
Reply: I have revised as follows:

I have deleted the content and incorporated the content in the main text.

- Discussion part
Line 256-257, you mentioned asthma exacerbation and Ref 23 which is missing, please recheck.
Reply: I have revised as follows:

[23] Salpeter SR, Buckley NS, Ormiston TM, et al. Meta-analysis: effect of long-acting beta-agonists on severe asthma exacerbations and asthma-related deaths. Ann Intern Med, 2006, 144: 904-912 DOI: 10.7326/0003-4819-144-12-200606200-00126.

- Discussion part should be more clearly discussed about the differences to other studies.
Reply: I have revised as follows:

The results of our study are consistent with these two prior meta-analyses[10]. Donohue et al.[10] conducted a meta-analysis that compared the efficacy of long-acting β2-agonists as monotherapy for COPD. They concluded that indacaterol 300 μg, followed by 150 and 75 μg, were the most effective long-acting β2-agonists monotherapies for moderate to severe COPD. Chung et al.[11] concluded that indacaterol is safe and beneficial for patients with COPD at dosage ≤150 ug. While our meta-analysis consistently aligns with and extends the findings of previous research, it contributes to the existing knowledge in several significant ways. Our study builds upon earlier results by incorporating three recently published RCTs[12,13,21], all of which were characterized by high quality and collectively involved an additional 560 patients. Furthermore, this network meta-analysis offers valuable insights by providing rank probabilities for various doses of indacaterol.

Reviewer B

This is a meta-analysis to evaluate the efficacy and safety of different doses of indacaterol in patients with stable COPD.

The age of the included studies is striking, which could lead one to think that the topic of study has been of low interest in recent years.
Reply: Thank you for your comments. Though there was no RCTs were published in recent years. This is still a hot topic for COPD treatment. Since the guideline about the indacaterol for COPD was still in debate.

What have been the motivations of the authors and what opinion do they have about it?
Reply: I have revised as follows:
In summary, based on the network meta-analysis and ranking of 5 outcome measures, it is recommended to prioritize the use of 300 μg of indacaterol in the treatment of stable moderate to severe COPD patients.

The discussion is poorly argued, it should be modified.

Reply: I have revised as follows:

The results of our study are consistent with these two prior meta-analyses[10]. Donohue et al.[10] conducted a meta-analysis that compared the efficacy of long-acting β2-agonists as monotherapy for COPD. They concluded that indacaterol 300 μg, followed by 150 and 75 μg, were the most effective long-acting β2-agonists monotherapies for moderate to severe COPD. Chung et al.[11] concluded that indacaterol is safe and beneficial for patients with COPD at dosage ≤150 ug. While our meta-analysis consistently aligns with and extends the findings of previous research, it contributes to the existing knowledge in several significant ways. Our study builds upon earlier results by incorporating three recently published RCTs[12,13,21], all of which were characterized by high quality and collectively involved an additional 560 patients. Furthermore, this network meta-analysis offers valuable insights by providing rank probabilities for various doses of indacaterol.