

Peer Review File

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Reviewer A

The manuscript addresses an interesting and relevant topic that is still somewhat neglected in the literature. However, some aspects of the manuscript need to be reviewed in order to improve its quality.

1) As a narrative literature review we suggest to describe better the methods. We think that would be better to describe the methodology at length. The table is illustrative but the authors should present it in the form of text.

Authors' Reply 1: The Methods section has been expanded to present the methodology in the form of text. Lines 96-115.

2) We also suggest to describe some data on prevalence and incidence in Asian countries according to the geographic distribution of the regions. A table would be good for this purpose.

Authors' Reply 2: The prevalence data is presented in 2a) Epidemiology (Line 222) according to the geographic distribution of the regions in Fig 1.

3) Please, add some information about the main types of genes involved with oral clefts development in Asia population. It is important to characterize the genetic profile of this population.

Authors' Reply 3: The section 2) Gene/Environment interaction (Line 222) has been expanded to include information on the genes involved in orofacial cleft which are presented in tables 3 and 4.

Reviewer B

Many thanks for the opportunity to review the manuscript entitled "Cleft Craniofacial Care in Asia – A Narrative Review".

I was grateful to see the WHO recommendations on cleft craniofacial anomalies rescued and critically analysed. This manuscript has a scientific and political impact around the world. I do recommend its publication with minor suggestions.

Comments to the authors:

I was really glad to review the manuscript entitled “Cleft Craniofacial Care in Asia – A Narrative Review”. The authors provide an excellent narrative review of the current situation of cleft craniofacial care in the vast Asian continent and provide consistent data on the state-of-the-art on this worldwide relevant health issue. Their conclusions may be extended to other LMICs which makes the manuscript of interest to researchers, practitioners, governments, NGOs, and stakeholders around the world. I have three comments, as follows:

1) Line 102: replace manging for managing

Authors’ Reply 1: Replaced. Line 124.

2) Lines 172 to 176: is there something missing?

Authors’ Reply 2: Content expanded in Lines 195-203 with a practice guideline presented in Table 2.

3) Line 213 to 262 - b) Research and collaboration: I missed information on the significant contribution of Asian research groups to elucidate the molecular basis of many cleft craniofacial conditions. This contribution is critical to advance knowledge on the imbricate and complex etiopathology and prevention of non-syndromic and syndromic clefts.

Authors’ Reply 3: We expanded the content under 2) Gene/Environment interaction which also includes b) Research and collaboration to highlight the importance of genome-wide association studies on Asian case-parent trio data to identify candidate genes in orofacial cleft in Lines 260-325.