

## Peer Review File

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### Reviewer A

This retrospective study explores the rates of dry middle ears at the time of surgery in children undergoing grommet insertion for OME. Relatively few papers have addressed this specifically and this is the first from the southern hemisphere. It specifically explores the relationship with extended waiting times and ethnicity. These results carry implications for efficient use of theatre resources and have highlighted detrimental effects caused by the pandemic due to reduce theatre access.

#### **Grommet insertion and relevance of delay in surgery**

Dry tap isn't a mesh heading - consider another term

Eg:

Waiting lists and Maori are both MESH terms - consider using MESH on demand to choose

<https://meshb.nlm.nih.gov/MeSHonDemand>

Reply: The keywords have been changed to MESH terms as per reviewer suggestion.

Changes in the text: Changes to keywords in line 54

#### **Introduction:**

Some grammatical rewriting needed.

Introduction should explain the knowledge gap and why the authors propose this study. What will this add to the literature?

Reply: The introduction has been reviewed with changes made.

Changes in the text: Changes were made throughout the introduction section - lines 59-99.

Line 64 - consider a reference if quoting figure

Reply: After further review of literature, evidence regarding general development is unclear.

Changes in the text: The quote is removed from line 64.

Line 65 - see comment in references regarding reference 2

Reply: Thank you for the suggestion, this was not picked up in the literature search.

Changes in the text: The reference has been replaced by the updated cochrane review.

Line 75 - references for international guidelines?

Reply: Literature has been reviewed for guidelines on grommet insertion for AOM and OME.

Changes in the text: References have been added in line 76.

Line 84 - include reference to statement

Reply: Could you please clarify the statement to be referenced? The statement regarding spontaneous resolution at 9 months is currently referenced. Thank you.

Changes in the text:

Line 94 - reference after percentage data.

Reply: The references have been adjusted as suggested.

Changes in the text: The references are now presented after the data in line 93.

Line 96 - references 11 and 12, may be worth including given they give data on dry taps

Reply: The references have been included as suggested

Changes in the text: References 11 and 12 have been added to line 98

### **Method**

Line 120 - this sounds like results not method - 460 patients

Reply: Thank you for the suggestion, we agree the line would be more suitable within the results section.

Changes in the text: This line has been moved to line 144 (results)

125 - what is an extra- tympanic T -tube (guessing authors mean patients who received T-tubes for retraction were excluded)

Reply: We now recognize that extra-tympanic t tubes are not commonly used and have replaced it with subannular t tubes.

Changes in the text: Extra-tympanic has been replaced by subannular in line 123

### **Results:**

The Table and figures require referencing within the results

Reply: Thank you for pointing this out, it was missed in the original manuscript.

Changes in the text: The table and figures have now been referenced in lines 145, 148, 153, 159, 161 and 168.

**Discussion:** some rewriting required

The first paragraph of discussion should summarize the main findings of the study.

Paragraph 2 and 3 put these into context with the literature.

Reply: Changes have been made to the first paragraph of the discussion as suggested.

Changes in the text: Changes to lines 176-181.

Line 181 - reference number for Jardine

Reply: References is now added.

Changes in the text: Reference added to line 188.

193 - typo try for dry

Reply: The typo has now been corrected to dry.

Changes in the text: Typo has been corrected line 178.

203 - reference number

Reply: References added.

Changes in the text: References added in line 206.

**Reference:**

Reference 2: Lous J, Burton M, Felding J et al. Grommets (ventilation tubes) for hearing loss associated with otitis media with effusion in children. Cochrane Database Sys Rev. 2005. 25

I couldn't find this paper The Cochrane review on this topic was updated in 2010.

Browning GG, Rovers MM, Williamson I, Lous J, Burton MJ. Grommets (ventilation tubes) for hearing loss associated with otitis media with effusion in children. Cochrane Database of Systematic Reviews 2010, Issue 10. Art. No.: CD001801. DOI: 10.1002/14651858.CD001801.pub3. Accessed 13 August 2022.

Reply: Thank you for the suggestion, this was not picked up in the literature search.

Changes in the text: The updated cochrane review has been included in the references in place of the current one.

Author might want to consider referencing this paper recently published by the same authors of reference 5:

Rosenfeld RM, Tunkel DE, Schwartz SR, Anne S, Bishop CE, Chelius DC, Hackell J, Hunter LL, Keppel KL, Kim AH, Kim TW, Levine JM, Maksimoski MT, Moore DJ, Preciado DA, Raol NP, Vaughan WK, Walker EA, Monjur TM. Clinical Practice Guideline: Tympanostomy Tubes in Children (Update). Otolaryngol Head Neck Surg. 2022 Feb;166(1\_suppl):S1-S55. doi: 10.1177/01945998211065662. PMID: 35138954.

Reply: Thank you for the suggestion, it's a useful paper to include.

Changes in the text: Reference included with guidelines in line 76

**Reviewer B**

The study's main aim was to review identify the incidence of "dry taps" (absence of middle ear effusion) at the time of grommet insertion in children. The study was a retrospective, single-

institution, cohort study of children undergoing grommet insertion. It compared patients with “dry taps” to those with middle ear effusions identified at the time of their grommet insertion. It is a simple study, that is excellently written, and draws appropriate conclusions from the results. Overall, this study could be a useful contribution to surgical practice with appropriate revisions - primarily in the presentation of the results.

Comments:

1. Consider changing the title to be more descriptive e.g. “The prevalence of middle ear effusion at the time of grommet insertion – a retrospective cohort study.”

Reply: Thank you for the suggestion, we agree the title change will be more reflective of the study.

Changes in the text: Title changed in line 1

2.Results:

3.Results: Add participant flow diagram e.g. how the 460 cases identified were included/excluded and analysed.

Reply: A flow diagram has been created with inclusion and exclusion criteria and referenced.

Changes in the text: The figure has been referenced in line 145

4.Results: Tables & figures are not cited in the results text section – please cite in the relevant paragraphs.

Reply: Thank you for pointing this out, it was missed in the original manuscript.

Changes in the text: The table and figures have now been referenced in lines 145, 148, 153, 159, 161 and 168.

5.Results: Add ranges for age/waitlist duration – this could be included in the results text or cited Table(s).

Reply: The range for both age and waitlist duration have been added.

Changes in the text: Changes to Table 1 in line 411 and 414

6.Results: Table 1 should be reformatted to clearly compare your controls & dry tap patients including the appropriate p-values. You could consider adding a second table to separate the baseline demographic data and outcomes analysis (e.g. waitlist time >4 months, age >4yrs).

Reply: The demographic data has been separated and presentation of data adjusted.

Changes in the text: Table 2 created - line 414

7. Page 6 Line 165: Add % for consistency – “117 of the 292 children” should read “117 (40%) of the 292 children”.

Reply: Change made to manuscript as suggested.

Changes in the text: Adjustment to line 166 as suggested.

8. Page 8 Line 201/202: “patients are not infrequently waiting over six months...after being placed on the waiting list.” – source should be cited – is this from authors experience, publicly available department of health data or results not reported in the study?

Reply: The data has been reviewed from the Ministry of Health website and referenced.

Changes in the text: Reference added to line 203.