In recent years, the clinical value of multi-spot scanning laser in the treatment of non-proliferative diabetic retinopathy has been discovered. This study is designed to compare the therapeutic effect of multi-spot and single-spot scanning panretinal laser photocoagulation in patients with non-proliferative diabetic retinopathy. This study is well designed, and the methods are described in detail. The results are very interesting. However, the manuscript requires a minor editing before acceptance. Comments:

1. Some minor language polishing should be corrected.
   Thanks for the suggestion, we have modified.

2. The authors should add a short background in the abstract.
   Thanks for the suggestion, we have added a short background in the abstract.

3. Please edit and update the references list.
   Thanks for the suggestion, we have modified.

Reviewer #2:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:**

This study aims to compare the therapeutic efficacy of multi-spot and single-spot scanning panretinal laser photocoagulation in patients with non-proliferative diabetic retinopathy (NPDR), addressing an important aspect of treatment selection in ophthalmology. The results indicate that the multi-point scanning mode leads to better short-term improvements in BCVA and CMT compared to the single-point scanning mode, with less laser damage observed. These findings are clinically significant and provide valuable insights into optimizing treatment approaches for NPDR. Overall, this study contributes to the existing literature on laser therapy for NPDR and highlights the potential benefits of multi-spot scanning techniques. Comments:

- Please indicate whether informed consent has been obtained from the patient.

  The patient had given consent to participate in the study or treatment.

- In the statistical analyses of method section, please report if normality was tested in continuous variables. What’s more, please clarify whether the t-test is one-tailed or two-tailed.

  Normality was assessed for continuous variables using Shapiro-Wilk test. The t-test utilized in this study was one-tailed. Continuous data are presented as mean ± standard deviation, and comparisons between groups were made using one-tailed t-tests. Data collection was performed using Excel 2021. Data processing and analysis were conducted using SPSS 19.0. Categorical data
are presented as percentages (%), and comparisons between groups were made using chi-square tests. A significance level of P<0.05 was used to determine statistical significance.

-All the descriptions of figure legends in this paper are inappropriate. In the figure legends, the author only needs to provide a simple description of the data, not the result. For example, the figure legend of Figure 1A could be “the laser energy in the multipoint group and single point group”. Thanks for the suggestion, we have modified.
- The author only introduce the Best corrected visual acuity (BCVA), but what is the LogMAR BCVA? What is the relationship between its numerical value and visual acuity? Please provide a introduction for LogMAR BCVA.

The LogMAR BCVA stands for Logarithm of the Minimum Angle of Resolution Best Corrected Visual Acuity. It’s a standardized method for measuring visual acuity, often used in clinical trials and research. In LogMAR notation, visual acuity is represented as a logarithm of the minimum angle of resolution, with lower values indicating better vision. The relationship between LogMAR values and visual acuity is inverse; that is, as the LogMAR value decreases, visual acuity improves. For example, a LogMAR value of 0 represents normal vision (20/20), while higher LogMAR values indicate progressively worse vision. This notation provides a consistent and precise way to quantify visual acuity across different studies and settings.

-In the introduction, please also provide a brief introduction for Central macular thickness (CMT). The central macular thickness (CMT) refers to the thickness of the macula, which is the central part of the retina responsible for sharp, central vision. It’s a crucial measure in assessing retinal health, especially in conditions like diabetic retinopathy and age-related macular degeneration, where thickening of the macula can indicate disease progression.

The study was well designed and the methodology was detailed. The results are very interesting. The language needs to be touched up. Abstract, introduction needs revision. Please edit and update the reference list. In the statistical analysis section of the methods, please report whether normality was tested in continuous variables. More importantly, please clarify whether the t-test is a one-tailed or two-tailed test. All descriptions of the figure legends in this paper are inappropriate;

(3) References recommendations: The reviewer didn’t request the authors to cite improper references published by him/herself.

Thanks for the suggestion, we have modified.

(4) Manuscript Type: After verification, the manuscript type has been changed from "Retrospective Study" to "Randomized Clinical Trial".

Thanks for the suggestion, we have modified.

2 Specific comments

(1) Country/Territory of origin: China.
The language classification is Grade B and Grade B. Please visit the following website for the professional English language editing companies that we recommend: https://www.wjignite.com/bpg/gerinfo/240.

(3) **Manuscript Title**: The title will concisely summarize the main topic of the study, being not overly long (no more than 18 words). Words such as ‘exploration’, ‘research’, ‘analysis’, ‘observation’, and ‘investigation’ are to be avoided. The title should not start with ‘A’, ‘An’, or ‘The’ and will not include any Arabic numbers or abbreviations. Please include the core key word in the title. If a title contains a colon, please capitalize the first letter of the first word after the colon. For example: Unexplained fetal tachycardia: A case report.

**New title**: Efficacy Comparison of Multipoint and Single Point Scanning Panretinal Laser Photocoagulation in NPDR Treatment

(4) **Please add the “Running Title”**: A short running title of no more than 6 words should be provided. Abbreviations are permitted. **For example**, Losurdo G et al. Two-year follow-up of HCC.

**Running Title**: Laser Photocoagulation in NPDR Treatment

(5) **Please add the “Author contributions”**: The ‘Author contributions’ passage describes the specific contribution(s) made by each author. The author’s names will be listed in the following format: full family (sur)name, followed by abbreviated first and middle names. For example, Bryan L Copple should be revised as Copple BL. A full multi-author example is: Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research study; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents and analytic tools; Wang CL, Liang L and Fu JF analyzed the data and wrote the manuscript; All authors have read and approved the final manuscript.

**Author contributions**: Yang Z, Gong H, Yang J, Bu J, and Yang H designed the research study; Zhang Y, Gong H, and Bu J performed the research; Zhang Y, Gong H, and Yang J contributed new reagents and analytic tools; Yang Z, Bu J, and Yang H analyzed the data and wrote the manuscript; All authors have read and approved the final manuscript.

(6) **Key Words**: "Key Words" does not meet the requirements. The ‘Key words’ list will provide 5-10 keywords that reflect the main content of the study. Please do not use abbreviations for the keywords (e.g., Ulcerative colitis, not UC). The first letter of each keyword will be capitalized, and each keyword will be separated by a semicolon, with no terminal period. **An example of correct formatting is**: Non-alcoholic fatty liver disease; Alcoholic liver disease; Non-alcoholic steatohepatitis; Insulin resistance; Oxidative stress.

**Key Words**: Panretinal laser photocoagulation; Non-proliferative diabetic retinopathy; Efficacy comparison; Multipoint; Single point; Treatment assessment
(7) **Please add the “Core Tip”.** The Core Tip is a short paragraph that is independent of the content of the Abstract. The ‘Core Tip’ will provide a succinct summary of the study that outlines its most innovative and important arguments. This section should be less than 100 words. Abbreviations must be defined upon first appearance in the Core Tip. Do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition.

Core Tip: This study compares the efficacy and safety of multipoint and single-point scanning panretinal laser photocoagulation in treating non-proliferative diabetic retinopathy (NPDR). Results indicate similar energy intensity and safety profiles between the two modalities, with multipoint scanning showing lower energy density and better short-term outcomes in terms of visual acuity and central macular thickness. This suggests that multipoint scanning may offer advantages in NPDR management, potentially minimizing laser-induced damage while improving visual outcomes.

An example of correct formatting is:

In this study, CellChat was employed to infer cell-cell communication, thereby selecting highly active cell groups in immune-related pathways on single-cell RNA-sequencing data. Highly active immune cells were identified by intersecting these groups with B and T cells. Subsequently, significantly differentially expressed genes between highly active immune cells and the remaining cells were incorporated into the Lasso regression model. Ultimately, incorporating genes selected more than 5 times in 10 Lasso regression experiments into a multivariable Cox regression model, 3 genes (stathmin 1, cofilin 1, and C-C chemokine ligand 5) significantly associated with survival were identified to construct a gene signature.

(8) **Reference numbers in the main text.** The author should number the references in Arabic numerals according to the citation order in the text.

The format of in-text citation of references should be [References Number], which should be with no space between “[ ]” and the preceding word. **Example:** The pathophysiology is thought to be due to an increased arterial flow that leads to secondary hepatocellular hyperplasia[1,2].

If the name of the author(s) of a reference is listed in the sentence, the reference number should be placed immediately after the author(s) of the reference. **Example:** Mandal *et al*[8] proposed that retractor aponeurosis disinsertion is the most likely cause of congenital low lid entropion.

In addition, please verify the order and total number of references cited to ensure that all references in the list are cited and in a correct numeric order.

**Thanks for the suggestion, we have modified.**

(9) To ensure the accuracy of the references, please use "Edit References by Auto-Analyser" (https://www.f6publishing.com/Forms/main/ArticleReferenceTool.aspx) to edit the references of the manuscript.
Thanks for the suggestion, we have modified.

(10) **Figures.** *Authors should place figure legends, figures, in separate pages at the end of the manuscript.*

Figures must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, etc.). All figures must have a detailed figure legend that provides a clear and comprehensive description of the information presented in the figure, so that the reader can understand without having to refer back to any other portion of the manuscript. Uniform presentation should be used for figures showing the same or similar contents; for example, “**Figure 1 Pathological changes of atrophic gastritis after treatment.** A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”.

Thanks for the suggestion, we have modified.

**Original figure documents.** *In the meantime, authors should provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor, and upload it to the file destination of “Image File” in the F6Publishing system.*

The original files were made using graphpad

(11) **Tables.** *Authors should place Table Titles, Tables, and Table Notes in separate pages at the end of the manuscript.*

Thanks for the suggestion, we have modified.

(12) **Notes in figures and tables.** Data with statistical significance in a figure or table should be denoted using superscripted alphabetical lettering (don’t include symbols, such as *, #, †, §, ¶, ¥, @,…), such that *p* < 0.05 and **p** < 0.01. If there are other series of *P* values, the alphabetical subscripted denotation format is continued, such that *c* < 0.05 vs control, *d* < 0.01 vs control, *e* < 0.05 vs group A, and *f* < 0.01 vs group B. Data that are not statistically significant should not be denoted, i.e. *P > 0.05 is not an allowed denotation.*

Thanks for the suggestion, we have modified.

(13) Please add the “Author list”. Author names (unabbreviated) should be given as first name, middle name initial (with no period) and family (sur)name, and typed in bold with the first letter of each capitalized. A hyphen should be included between the syllables of Chinese names. For example: Yi-Fan Chang, Jia-Jing Li, Tao Liu, Chong-Qing Wei, Li-Wei Ma, Vladimir N Nikolenko, Wei-Long Chang.
Abstract. An informative, structured abstract of no more than 350 words should accompany each manuscript. Abbreviations should be avoided, but if used should be spelled out at first mention. The 5 sections of the structured abstract are:

BACKGROUND (no more than 100 words). This section should clearly describe the rationale for the study. It should end with a statement of the specific study hypothesis.

AIM (no more than 20 words). The purpose of the study should be stated clearly, with no or minimal background information, following the format of: “To investigate/study/determine...”.

METHODS (no more than 80 words). This section should describe the materials and methods used for all of the data presented in the proceeding Results section of the abstract. This information should include the following details, as applicable: basic study design; setting, specifying the study location (e.g., primary or tertiary care setting, hospital, general...
community, etc.); number of participants and how they were selected; intervention, the method of administration and the duration; major statistical methods used.

RESULTS (no more than 120 words). This section should describe the key findings of the study, including absolute values and risk differences. $P$ values should be presented where appropriate, and not for data that did not reach the threshold of statistical significance. Authors must provide relevant data to illustrate how the statistical values were obtained (e.g., $6.92 \pm 3.86$ vs $3.61 \pm 1.67$, $P < 0.001$).

CONCLUSION (no more than 30 words). This section should succinctly and cogently present the findings and implications that are within the scope of the data the authors have presented in the preceding Results section of the abstract. Authors should state only conclusions that are directly supported by the evidence presented and the implications of the findings presented. This section should be written in the present tense.

Abstract:

**Background:** Non-proliferative diabetic retinopathy (NPDR) poses a significant challenge in diabetes management due to its microvascular changes in the retina. Laser photocoagulation, a conventional therapy, aims to mitigate the risk of progressing to proliferative diabetic retinopathy (PDR).

**Aim:** This study compares the efficacy and safety of multi-spot versus single-spot scanning panretinal laser photocoagulation in NPDR patients.

**Methods:** Forty-nine NPDR patients (86 eyes) treated between September 2020 and July 2022 were included. They were randomly allocated into single-spot (n=23, 40 eyes) and multi-spot (n=26, 46 eyes) groups. Treatment outcomes, including Best Corrected Visual Acuity (BCVA), Central Macular Thickness (CMT), and mean threshold sensitivity, were assessed at predetermined intervals over 12 months. Adverse reactions were also recorded.

**Results:** Energy levels did not significantly differ between groups ($P>0.05$), but the multi-spot group exhibited lower energy density ($P<0.05$). BCVA and CMT improvements were noted in the multi-spot group at one month post-treatment ($P<0.05$). Adverse reaction incidence was similar between groups ($P>0.05$).

**Conclusion:** While energy intensity and safety were comparable between modalities, multi-spot scanning demonstrated lower energy density and showed superior short-term improvements in BCVA and CMT for NPDR patients, with reduced laser-induced damage.

(16) Main text. The main text contains (1) INTRODUCTION; (2) MATERIALS AND METHODS; (3) RESULTS; (4) DISCUSSION; and (5) CONCLUSION. These five first level subtitles should be all capitalized, bolded and underlined. For example: “INTRODUCTION”

Under each first-level subtitle, there can be several second-level subtitles. For formatting, capitalize the first letter for the first word; the subtitles are all in bold and italicized. For example: “Statistical analyses”.

There can be several third-level subtitles under the second-level subtitles. For these, the first letter of the first word is capitalized, and the full subtitles are bolded followed by a colon immediate. For example: “Mechanism of liver cancer: …”.

(17) When listing the sub items included in a major item in the main text, priority should be given to using numerical numbers to connect them, for example: (1); (2); and (3). The serial
numbers are connected by semicolons, and the last one needs to be preceded by “and”. For example: (1) A; (2) B; (3) C; and (4) D.

Thanks for the suggestion, we have modified.

3 Recommendation: Conditional acceptance.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

(2) Company Editor-in-Chief:

I have reviewed the Peer-Review Report, full text of the manuscript, all of which have met the basic publishing requirements of the World Journal of Diabetes, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors.

20 Abbreviations. Standard abbreviations should be defined in the abstract and in the main body of the manuscript upon first mention in the text. In general, terms should not be abbreviated unless they are used two times or more and the abbreviation is helpful to the reader. Permissible abbreviations are listed in Units, Symbols and Abbreviations: A Guide for Biological and Medical Editors and Authors (Ed. Baron DN, 1988) published by The Royal Society of Medicine, London. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA and mAb, do not need to be defined and can be used directly. [ ]

Thanks for the suggestion, we have modified.

21 Italics. (1) Quantities: t time or temperature, c concentration, A area, l length, m mass, V volume. Genotypes: gyrA, arg I, c myc, c fos, etc. Restriction enzymes: EcoRI, HindIII, BamHI, Kbol, KpnI, etc. Biological nomenclature: H. pylori, E. coli, etc. Latin terms: i.e., e.g., via, etc.

(2) Statistical symbols: Please use statistical symbols in a standard way, including: (1) Lowercase letter t for t test; (2) uppercase letter F for F test; (3) lowercase Greek letter χ2 for chi-square test; (4) lowercase letter r for correlation coefficient; (5) lowercase Greek letter u for degree of freedom; (6) lowercase letter n for sample number; and (7) italicized uppercase letter P for probability. In statistical processing, mean ± standard deviation is expressed as mean ± SD, and mean ± standard error as mean ± SE. Probability value is expressed as P value (not p value nor P-value). [ ]

22 Acknowledgements. Brief acknowledgements of persons who have made genuine contributions to the manuscript and who endorse the data and conclusions should be included. The Acknowledgments section should not include funding source, language editing companies, and other biomedical institutions providing paid services. [ ]

23 Reference numbers in the main text. The author should number the references in Arabic numerals according to the citation order in the text.

The format of in-text citation of references should be [References Number], which should be with no space between “[ ]” and the preceding word. Example: The pathophysiology is thought to be due to an increased arterial flow that leads to secondary hepatocellular hyperplasia[1,2].

If the name of the author(s) of a reference is listed in the sentence, the reference number should be placed immediately after the author(s) of the reference. Example: Mandal et al[8] proposed that retractor aponeurosis disinsertion is the most likely cause of congenital low lid
entropion.

In addition, please verify the order and total number of references cited to ensure that all references in the list are cited and in a correct numeric order. [ ]

24 Edit References by Auto-Analyser. Authors should edit the references in their paper using the Auto-Analyser at https://www.fp6publishing.com/Forms/main/ArticleReferenceTool.aspx to ensure the correctness of all reference information. The specific steps for editing references by Auto-Analyser are:

Step 1: Copy all references to the Auto-Analyser. Each reference should include its corresponding PMID and DOI numbers, unless those numbers are not present in the literature. The reference list should begin with Arabic number “1”, and please do not use brackets for the references numbers.

Reminder: If the PMID and DOI numbers are currently not included for the references, please click on the “Crossref (DOI and PMID)” button to obtain the PMIDs/DOIs for the reference list. Please select the two options “Include PubMed IDs in results” and “List all possible DOIs per reference” before submitting.

Step 2: Edit references by the Auto-Analyser. Upon clicking on the “Edit References by Auto-Analyser” button, the Auto-Analyser will edit and proofread the references based on information retrieved from PubMed/Crossref through the PMID/DOI numbers of the references.

Reminder: If there is a numbering error or duplicate reference in the reference list, the system will display an error message. The author will then need to modify the reference list, copy the newly modified references to the Auto-Analyser, and click on the “Edit References by Auto-Analyser” button again.

Step 3: Proofreading of the References. Verify the list of references that have undergone automatic editing and standardization in the “Proofreading of the References” and “Auto-Edited References Preview” pages under the “Result of Analyze”.

Step 4: Save and Continue. After verifying that the auto-edited references are correct, authors need to click on the "Save and Continue" button to go to next step. The system will automatically export the edited references to a Word document.

For references that PMID and DOI numbers are not present in the literature, please revise the references according to the Format for References Guidelines (PDF).

Footnotes
Thanks for the suggestion, we have modified.

25 Institutional review board statement. Any article describing a study involving human and/or animal subjects should provide the information of its approval by the related institution/organization’s Institutional Review Board and, if available, corresponding approval ID, stated explicitly in the Footnotes section.

Sample wording: The study was reviewed and approved by the [Name of Institution or Organization] Institutional Review Board [(Approval No. ###)]. [ ]

26 Clinical trial registration statement. Any research study (Clinical Trials Study, Prospective Study, Randomized Controlled Trial, Randomized Clinical Trial) that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes must be registered. Authors must provide the registration identification number and the URL for the trial's registry, stated explicitly in the Footnotes section.

Sample wording: This study is registered at [URL]. The registration identification number is [registration identification number]. [ ]

27 Informed consent statement. Any research article describing a study involving humans should contain a statement clearly in the footnotes section stating that all involved persons (subjects or legally authorized representative) gave their informed consent (written or verbal, as appropriate) prior to study inclusion.
Sample wording: All study participants, or their legal guardian, provided informed written consent prior to study enrollment. [ ]

28 Conflict-of-interest statement: A conflict-of-interest statement is required for all article and study types. In the interests of transparency and helping reviewers to assess any potential bias in a study’s design, interpretation of its results or presentation of its scientific/medical content, we require all authors of each paper to declare any conflicting interests (including but not limited to commercial, personal, political, intellectual or religious interests) that are related to the work submitted for consideration of publication in the Footnotes section.

Sample wording: [Name of individual] has received fees for serving as a speaker, a [position; such as consultant and/or an advisory board member] for [name(s) of organization(s)]. [Name of individual] has received research funding from [name(s) of organization(s)]. [Name of individual] is an employee of [name(s) of organization(s)]. [Name of individual] owns stocks and/or shares in [name(s) of organization(s)]. [Name of individual] owns patent [patent identifier information (including patent number, two-letter country code, and kind code) and a brief description]. [ ]

Thanks for the suggestion, we have modified.

29 Data sharing statement: Clinical research and basic research studies require a data sharing statement. The data sharing statement will be provided in the Footnotes section, and will be presented in the form as shown in the sample below.

Sample wording: Technical appendix, statistical code, and dataset available from the corresponding author at [E-mail address or URL]. Participants gave informed consent for data sharing [or ...consent was not obtained but the presented data are anonymized and risk of identification is low; or ...consent was not obtained but the potential benefits of sharing these data outweigh the potential harms because...]. If no other data, please state: No additional data are available. [ ]

30 CONSORT 2010 statement. In order to improve the quality of Clinical Trials Study, Prospective Study, Randomized Controlled Trial, Randomized Clinical Trial manuscripts, authors should complete the checklist to ensure that the manuscript meets the requirements of the CONSORT 2010 statement. Authors are required to state in the Footnotes section of the manuscript that the guidelines of the CONSORT 2010 Statement have been adopted.

Sample wording: The authors have read the CONSORT 2010 statement, and the manuscript was prepared and revised according to the CONSORT 2010 statement. [ ]

31 STROBE statement. In order to improve the quality of Case Control Study, Observational Study, or Retrospective Cohort Study manuscripts, authors should complete the checklist to ensure that the manuscript meets the requirements of the STROBE statement. Authors are required to state in the Footnotes section of the manuscript that the guidelines of the STROBE statement have been adopted.

Sample wording: The authors have read the STROBE Statement—checklist of items, and the manuscript was prepared and revised according to the STROBE Statement—checklist of items. [ ]

32 Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: https://creativecommons.org/Licenses/by-nc/4.0/ [ ]

33 Corresponding Author's Membership in Professional Societies: [ ]

34 Specialty type: [ ]

35 Country/Territory of origin: [ ]

Figures and Tables

36 Figures. Figures must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, etc.). All figures must have a detailed figure legend that provides a clear and comprehensive description of the information presented in the figure, so that the reader can understand without having to refer back to any other portion of the
Uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1 Pathological changes of atrophic gastritis after treatment. A: ..., B: ..., C: ..., D: ..., E: ..., F: ..., G: ...”. Abbreviations must be defined upon first appearance in the Figure Legends. Do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition.

Original figure documents. Authors should provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs and/or design components (such as arrows) and/or text portions can be reprocessed by the journal’s editorial staff, and finally upload it to the file destination of “Image File”. [Sample]

Reminder: Please click and download the Guidelines for preparation of bitmaps, vector graphics, and tables in revised manuscripts (PDF), and prepare the figures and tables of the manuscript accordingly. [ ]

37 Tables. Tables must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, etc.). A brief, one-line title must be provided for each table.

Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

Authors should provide decomposable Tables (in which all components are movable and editable), organize them with Table Titles and Table Notes into a single Word file, and finally upload the table document to the file destination of “Table File”. [ ]

38 Notes in figures and tables. Data with statistical significance in a figure or table should be denoted using superscripted alphabetical lettering (don’t include symbols, such as *, †, §, ¶, ‡, ¥, @…), such that aP < 0.05 and bP < 0.01. If there are other series of P values, the alphabetical subscripted denotation format is continued, such that cP < 0.05 vs control, dP < 0.01 vs control, eP < 0.05 vs group A, and fP < 0.01 vs group B. Data that are not statistically significant should not be denoted, i.e. P > 0.05 is not an allowed denotation. [ ]

Non-native speakers of English authors, Supportive foundations, Ethics approval documents, Copyright license agreement

Item No. Required Items for Manuscript Revision Comments
Yes = [Y]
No = [N]

39 Non-Native Speakers of English Authors. It is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A). Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. Authors must provide a new language certificate along with the manuscript. Please visit the following website for the professional English language editing companies that we recommend: https://www.wjgnet.com/bpg/gerinfo/240.

[ ]

40 Approved Grant Application Form(s) or Funding Agency Copy of any Approval Document(s). If the manuscript has supportive foundations, authors are required to upload the primary version (PDF) of the Supportive foundation’s official approval, prepared in the official language of the authors’ country to the system; for example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, etc. If not, delete those without supporting documents. [ ]

41 Institutional Review Board Approval Form or Document. Authors are required to upload the primary version (PDF) of the Institutional Review Board’s official approval, prepared in the official language of the authors’ country to the system; for example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, etc. [Sample]

[ ]
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Signed Informed Consent Form(s) or Document(s). For any research article describing a study involving humans, the authors are required to upload the primary version (PDF) of the Informed Consent Form that has been signed by all subjects and investigators of the study, prepared in the official language of the authors’ country to the system; for example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, etc. [Sample] Note: To obey the publication ethics and improve the protection of all patients' rights to privacy, the authors should provide the informed consent form on which the patient's name, address, birthday, address, ward, bed number, hospital number and other private information are obfuscated. [ ]

Conflict-of-Interest Disclosure Form: Authors should click and download the fillable ICMJE Form for Disclosure of Potential Conflicts of Interest (PDF), and fill it in. The Corresponding Author is responsible for filling out and uploading this form. [ ]

Biostatistics Review Certificate. Any manuscript describing a study that used biostatistics must upload the PDF version of a statement affirming that the statistical review of the study was performed by a biomedical statistician to the system. [Sample]

CONSORT 2010 statement. For Clinical Trials Study, Prospective Study, Randomized Controlled Trial, Randomized Clinical Trial manuscripts, authors should click and download the fillable CONSORT 2010 checklist (PDF), fill it in, and upload the filled-in form to F6Publishing. [ ]

STROBE statement. For Case Control Study, Observational Study, Retrospective Cohort Study manuscripts, authors should click and download the fillable STROBE checklist (PDF), fill it in, and upload the filled-in form to F6Publishing. [ ]

Video and supplementary materials. If the manuscript has “Video” or “Supplementary Material”, authors need to submit those two types of documents online to F6Publishing. [ ]

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