Decision Letter (JCQ-2025-0015)

From: [redacted]
To:
CC:
BCC:

Subject: Journal of Clinical Question - Decision on Manuscript ID JCQ-2025-0015

Body: 3-Jun-2025

Dear Dr Sun:

Manuscript ID JCQ-2025-0015 entitled "Publication Trends and Research Hotspots in Rosacea Over the Past Two Decades: A Bibliometric Analysis and Systematic Review" which you submitted to the Journal of Clinical Question, has been reviewed. The comments of the reviewer(s) are included at the bottom of this letter.

The reviewer(s) have recommended publication, but also suggest some minor revisions to your manuscript. Therefore, I invite you to respond to the reviewer(s)' comments and revise your manuscript.

To submit your revised manuscript, follow the below steps.
1. Access to https://mc.manuscriptcentral.com/jcq and log into the site.
2. Click "Author" at the top left of the screen at "Home" page.
3. Click "Manuscripts with Decisions" on Author Dashboard page.
4. Click "create a revision" on the manuscript you are going to revise.
5. The system creates your revision manuscript form. Provide your comments about the revised points at the response field, fill in on each field step by step as same as you did for the original submission, and submit your revised manuscript.
IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.
Your manuscript number has been appended to denote a revision.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer. Please also highlight the changes to your manuscript within the document by using the track changes mode in MS Word or by using bold or colored text.

Once the revised manuscript is prepared, you can upload it and submit it through your Author Center.

When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) in the space provided. You can use this space to document any changes you make to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewer(s).

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Because we are trying to facilitate timely publication of manuscripts submitted to the Journal of Clinical Question, your revised manuscript should be uploaded as soon as possible. If it is not possible for you to submit your revision in a reasonable amount of time, we may have to consider your paper as a new submission.

Once again, thank you for submitting your manuscript to the Journal of Clinical Question and I look forward to receiving your revision.

Sincerely,
Richard Isaacs
Journal of Clinical Question
jcqeic@gleampub.com

[Editor's Comments]
Associate Editor
Comments to the Author:
(There are no comments.)

[Reviewer(s)' Comments]

Reviewer: 1

Comments to the Author
This manuscript presents a well-structured and comprehensive bibliometric analysis of rosacea-related publications from 2003 to 2022. The authors use CiteSpace, VOSviewer, and the Online Analysis Platform tools to identify evolving trends and key areas of focus within the field. The methodology is clearly described, and the visualizations meaningfully support the findings. However, there are several areas that require revision, and addressing these would significantly improve the overall quality and clarity of the manuscript.
The reported prevalence range of 1% to 22% could benefit from clarification by citing specific population-based studies or regional data to provide context. Additionally, the manuscript would be strengthened by briefly detailing the software versions and specific analytical functions employed in the bibliometric tools to enhance reproducibility.
The discussion of prolific institutions might be improved by including possible reasons for their high output, such as access to research funding, institutional infrastructure, or collaborations with industry.
Lastly, the observed shift toward inflammatory mechanisms as a research focus could be further contextualized by linking it to recent influential studies or illustrating how keyword trends have evolved over time.

Reviewer: 2

Comments to the Author
The manuscript offers a comprehensive and accessible overview of the evolving landscape in rosacea research, effectively illustrating the transition from treatment-focused studies to investigations centered on underlying mechanisms and guideline development. The integration of clinical relevance and historical context strengthens the narrative and enhances the overall value of the work.
1. To improve clarity in the abstract, consider specifying the bibliometric tools used (e.g., CiteSpace, VOSviewer) earlier in the text to better reflect the analytical approach.
2. Briefly elaborating on how systemic associations, such as inflammatory bowel disease or malignancies, are studied or diagnosed in rosacea would add meaningful clinical depth.
3. Clarifying whether a quality assessment was conducted for the included articles and reviews would enhance methodological rigor.
4. The discussion could be strengthened by including a specific example or timeline to illustrate the field's shift from topical treatment strategies to mechanistic investigations.
5. Finally, it would be helpful to summarize how the keyword trend analysis informs clinical practice or points to existing gaps in rosacea research.

Date Sent: 3-Jun-2025

Journal of Clinical Question

Author's Response to Decision Letter for (JCQ-2025-0015)

Publication Trends and Research Hotspots in Rosacea Over the Past Two Decades: A Bibliometric Analysis and Systematic Review

Response Letter

Dear Reviewers,
We sincerely thank you for your careful review of our manuscript and for the constructive and insightful comments provided. We have carefully considered each suggestion and have revised the manuscript accordingly. Below are our detailed responses to the comments raised by each reviewer.

Reviewer 1
Comment 1: The reported prevalence range of 1% to 22% could benefit from clarification by citing specific population-based studies or regional data to provide context.
Response: Thank you for this suggestion. We have revised the prevalence statement in the introduction to include citations of population-based studies from different regions to provide a clearer context for the reported range.

Comment 2: The manuscript would be strengthened by briefly detailing the software versions and specific analytical functions employed in the bibliometric tools to enhance reproducibility.
Response: We agree with this important point. The Methods section has been updated to include the specific software versions used (CiteSpace v6.2.R4 and VOSviewer v1.6.19) along with the main functions applied in our analysis.

Comment 3:The discussion of prolific institutions might be improved by including possible reasons for their high output, such as access to research funding, institutional infrastructure, or collaborations with industry.
Response: We appreciate this valuable observation. In response, we have revised the relevant section of the Discussion to incorporate potential contributing factors, such as access to resources, research networks, and institutional support. The revised text now reads: "This high output may be attributed to greater access to research funding, well-established institutional infrastructure, and strong collaborations with industry partners."

Comment 4:The observed shift toward inflammatory mechanisms as a research focus could be further contextualized by linking it to recent influential studies or illustrating how keyword trends have evolved over time.
Response： We have expanded this section to reference recent influential publications and included a brief overview of keyword trend evolution to better illustrate the shift in research focus. The following content has been added:
"Notably, the growing interest in inflammatory pathways, reflected by recent bursts in keywords such as 'inflammation,' 'immune response,' and 'innate immunity', has been catalyzed by influential studies elucidating the role of Toll-like receptors, cathelicidins, and other immunological mediators in rosacea pathophysiology. These findings have reshaped the understanding of disease mechanisms and directed research toward targeted therapies, establishing inflammation as a central and promising focus for future investigation."

Reviewer 2
Comment 1: To improve clarity in the abstract, consider specifying the bibliometric tools used (e.g., CiteSpace, VOSviewer) earlier in the text to better reflect the analytical approach.
Response: Thank you for pointing this out. We have revised the abstract to mention the specific bibliometric tools earlier to enhance clarity as follows "Data were analyzed using the Online Analysis Platform of Literature Metrology, CiteSpace, and VOSviewer"

Comment 2: Briefly elaborating on how systemic associations, such as inflammatory bowel disease or malignancies, are studied or diagnosed in rosacea would add meaningful clinical depth.
Response: We have added a brief explanation in the Results and Discussion sections outlining how these systemic associations are typically investigated and their relevance in rosacea research. We have added the following contents: "These associations are often identified through large-scale epidemiological studies and retrospective cohort analyses, which assess the co-occurrence of rosacea with systemic conditions using diagnostic codes, patient registries, and electronic health records, thereby suggesting shared inflammatory or immunological pathways."

Comment 3: Clarifying whether a quality assessment was conducted for the included articles and reviews would enhance methodological rigor.

Response: We have included a statement in the Methods section clarifying that, due to the bibliometric nature of the study, a formal quality assessment of the included literature was not conducted. Additionally, we have added the following to the Limitations section: "Due to the bibliometric nature of this study, formal quality assessment of included articles was not performed. Inclusion was based on citation metrics and relevance, which may not fully reflect methodological rigor or potential biases. Findings should be interpreted accordingly."
Comment 4: The discussion could be strengthened by including a specific example or timeline to illustrate the field's shift from topical treatment strategies to mechanistic investigations.
Response: We have incorporated a brief timeline and example studies in the Discussion section to illustrate the field's transition from topical treatment strategies to mechanistic investigations. Specifically, we added the following content: "Over time, research has shifted from topical therapies to mechanistic insights involving immune pathways, neurovascular factors, and Demodex mites. Keyword trends highlight growing interest in targets such as cathelicidin, TRPV1, the microbiome, and genetic contributors, reflecting the evolving focus of rosacea research."

Comment 5: It would be helpful to summarize how the keyword trend analysis informs clinical practice or points to existing gaps in rosacea research.
Response: Thank you for this insightful suggestion. We have added a concise summary to the Conclusion to clarify how the keyword trend analysis may inform future clinical research and highlight existing gaps. Specifically, we included the following statement: "Keyword trends highlight a growing interest in targets such as cathelicidin, TRPV1, the microbiome, and genetic contributors, reflecting an evolving focus in rosacea research toward personalized, mechanism-based treatments and uncovering essential gaps for future investigation."

We sincerely appreciate the reviewers' thoughtful comments, which have helped enhance the quality of our manuscript. We hope the revised version addresses all concerns and meets your expectations. Thank you for your time and consideration.

Sincerely,

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