Journal of Clinical Question

Decision Letter (JCQ-2026-0037)

From: [redacted]
To:
CC:
BCC:

Subject: Journal of Clinical Question - Decision on Manuscript ID JCQ-2026-0037

Body: 7-Nov-2026

Dear Professor Piao:

Manuscript ID JCQ-2026-0037 entitled "Community-Acquired Pneumonia in Adults: Evolving Epidemiology and Advances in Diagnosis, Treatment, and Prevention" 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.
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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.

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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 S. Isaacs
Editor in Chief
Journal of Clinical Question

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

[Reviewer(s)' Comments]
Reviewer: 1

Comments to the Author
This review provides a comprehensive and timely overview of recent advances in adult community-acquired pneumonia (CAP), covering epidemiology, diagnosis, treatment, and prevention. The manuscript is well organized and incorporates important recent clinical trials and guideline updates. However, several points require clarification to strengthen its clinical relevance.

The discussion appropriately includes the CAPE COD, REMAP-CAP, and SONIA trials. However, the authors should further clarify how differences in patient populations, corticosteroid regimens, and disease severity may explain the inconsistent findings and influence clinical decision-making.
The review summarizes the improved pathogen detection achieved with multiplex PCR and mNGS. The authors should more explicitly distinguish diagnostic yield from demonstrated clinical benefits, particularly regarding antibiotic exposure and patient outcomes.
The recommendations for shorter antibiotic courses should more clearly emphasize the importance of clinical stability and the limited applicability of current evidence to severe or complicated CAP.
The distinction between immunogenicity and clinical vaccine effectiveness is appropriate. A brief discussion of how regional serotype distributions may influence vaccine selection would further improve the clinical implications.

Reviewer: 2

Comments to the Author
The manuscript addresses an important topic and provides an extensive summary of recent developments in adult CAP. The inclusion of contemporary randomized trials and observational studies is a particular strength. The article is generally clear and informative, although several aspects could be improved.

Although this is a narrative review, a brief description of the literature search strategy, including databases searched and the criteria used to select key studies, would improve transparency.
The studies summarized in Table 1 differ substantially in population characteristics, diagnostic criteria, and surveillance periods. The authors should emphasize that these methodological differences limit direct comparisons of CAP incidence and pathogen prevalence across regions.
Tables 2 and 3 provide useful summaries of clinical evidence. However, the presentation could be improved by ensuring consistent terminology and clearly distinguishing primary clinical endpoints from intermediate or surrogate outcomes.
The manuscript refers to the updated ATS guideline as the 2025 guideline, whereas Reference 13 lists a 2026 publication date. The authors should verify the year designation and ensure consistency throughout the manuscript. Minor inconsistencies in reference formatting should also be corrected.

Date Sent: 7-Nov-2026

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Author's Response to Decision Letter for (JCQ-2026-0037)

Community-Acquired Pneumonia in Adults: Evolving Epidemiology and Advances in Diagnosis, Treatment, and Prevention

Dear Editor and Reviewers,
We sincerely thank the Editor and both reviewers for their careful assessment and constructive comments. We have revised the manuscript accordingly and provide a point-by-point response below. Changes are highlighted in red in the revised manuscript. Page and line numbers refer to the revised version.

Reviewer 1
General comments: This review provides a comprehensive and timely overview of recent advances in adult community-acquired pneumonia (CAP), covering epidemiology, diagnosis, treatment, and prevention. The manuscript is well organized and incorporates important recent clinical trials and guideline updates. However, several points require clarification to strengthen its clinical relevance.
Response: We thank the reviewer for the positive assessment and constructive suggestions. We have clarified the clinical interpretation of recent trials and strengthened the discussion of diagnostic, treatment, and vaccine evidence.
Comment 1: The discussion appropriately includes the CAPE COD, REMAP-CAP, and SONIA trials. However, the authors should further clarify how differences in patient populations, corticosteroid regimens, and disease severity may explain the inconsistent findings and influence clinical decision-making.
Response: We have expanded the comparison of these trials to address differences in illness severity, ICU versus ward settings, treatment timing, and response-adapted intravenous, fixed-duration intravenous, and oral glucocorticoid regimens. We also emphasize population-specific decision-making and consideration of hyperglycemia risk. (Page 11, lines 228–231).
Comment 2: The review summarizes the improved pathogen detection achieved with multiplex PCR and mNGS. The authors should more explicitly distinguish diagnostic yield from demonstrated clinical benefits, particularly regarding antibiotic exposure and patient outcomes.
Response: We now clarify that greater pathogen detection does not, by itself, establish reductions in antibiotic exposure or mortality, and that evidence of clinical benefit from mNGS remains limited to selected populations. We also distinguish diagnostic and stewardship endpoints from patient-important outcomes in Table 2. (Page 8, lines 158–160).
Comment 3: The recommendations for shorter antibiotic courses should more clearly emphasize the importance of clinical stability and the limited applicability of current evidence to severe or complicated CAP.
Response: We have specified that shorter courses apply to nonsevere CAP only after documented clinical stability, including improvement in vital signs, oxygenation, and oral intake. The revised text retains the recommendation for at least five days in severe CAP and notes that complicated pneumonia and certain pathogens warrant longer treatment. (Page 10, lines 200–203).
Comment 4: The distinction between immunogenicity and clinical vaccine effectiveness is appropriate. A brief discussion of how regional serotype distributions may influence vaccine selection would further improve the clinical implications.
Response: We have added a brief clinical implication emphasizing that pneumococcal vaccine selection should consider regionally prevalent serotypes, vaccine-specific serotype coverage, and vaccination history rather than vaccine valency alone. (Page 13, lines 263–265).
Reviewer 2
General comments: The manuscript addresses an important topic and provides an extensive summary of recent developments in adult CAP. The inclusion of contemporary randomized trials and observational studies is a particular strength. The article is generally clear and informative, although several aspects could be improved.
Response: We thank the reviewer for the encouraging evaluation and helpful suggestions. We have improved the transparency of literature identification, clarified limitations of cross-study comparisons, and revised the presentation of outcomes and guideline citations.
Comment 1: Although this is a narrative review, a brief description of the literature search strategy, including databases searched and the criteria used to select key studies, would improve transparency.
Response: We agree. As the article is a narrative review rather than a systematic review, we have added a concise statement in the Introduction identifying PubMed as the literature source and noting the emphasis on recent clinical practice guidelines, randomized trials, and major observational studies. (Page 4, lines 67–68).
Comment 2: The studies summarized in Table 1 differ substantially in population characteristics, diagnostic criteria, and surveillance periods. The authors should emphasize that these methodological differences limit direct comparisons of CAP incidence and pathogen prevalence across regions.
Response: We have added an explicit caution that differences in CAP definitions, enrollment criteria, diagnostic testing, and surveillance periods preclude direct comparison of incidence estimates and pathogen prevalence across the included cohorts. (Page 5, lines 71–74).
Comment 3: Tables 2 and 3 provide useful summaries of clinical evidence. However, the presentation

could be improved by ensuring consistent terminology and clearly distinguishing primary clinical endpoints from intermediate or surrogate outcomes.
Response: We have standardized the relevant column heading in both tables to “Reported endpoint” and added explanatory footnotes distinguishing patient-important endpoints, including mortality and clinical cure, from diagnostic, stewardship, or intermediate outcomes. The footnotes also clarify that primary endpoints differed among trials. (Page 21, lines 476–478; Page 22, lines 483–485).
Comment 4: The manuscript refers to the updated ATS guideline as the 2025 guideline, whereas Reference 13 lists a 2026 publication date. The authors should verify the year designation and ensure consistency throughout the manuscript. Minor inconsistencies in reference formatting should also be corrected.
Response: We have verified the publication information. The ATS guideline update appeared online in 2025 and was assigned to the January 2026 journal issue; therefore, the 2026 date in Reference 13 is retained. To avoid an unnecessary distinction between online and print publication dates in the main text, we now refer to it consistently as the “updated ATS guideline” or “ATS guideline update” without specifying a year. Minor reference formatting inconsistencies have also been corrected. (Page 7, lines 114–116).

We hope that the revisions adequately address the reviewers’ comments and improve the clarity and clinical relevance of the manuscript.
Sincerely,
Hongmei Piao

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