Decision Letter (JCQ-2026-0002)

From: [redacted]
To:
CC:
BCC:

Subject: Journal of Clinical Question - Decision on Manuscript ID JCQ-2026-0002

Body: 05-Feb-2026

Dear Professor Seki:

Manuscript ID JCQ-2026-0002 entitled "Systemic Corticosteroids for Severe Community-Acquired Pneumonia: A Systematic Review and Meta-Analysis of Randomized Controlled Trials" 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 S. Isaacs
Editor in Chief
Journal of Clinical Question

[Editor's Comments]
Associate Editor
Comments to the Author:
In Your meta-analysis ,Cochrane AND Scopus Excluded in Search strategy and data extraction of methodology, so makes it a weak meta-analysis.
Your methodology is weak to be considered for meta-analysis with no Standard Protocol Approvals and Registration in PROSPERO
Your study is not adhered to the Meta-Analysis of Observational Studies in Epidemiology (MOOSE) Checklist.
Your study is not adhered the Assessing the Methodological Quality of Systematic Reviews (AMSTAR) guidelines.
Search strategy is of low standard
Medical Subject Headings (MeSH), and Emtree terms should have been be used in the search.
Does your studies met the Participant, Intervention, Comparator, and Outcomes (PICOS) study design criteria, weakening strength of your meta-analysis.

[Reviewer(s)' Comments]
Reviewer: 1

Comments to the Author
It is a good manuscript for publication. however the type of steroid and associated adrenal insufficiency among the patients included in the study needed further evaluation.

Reviewer: 2

Comments to the Author
To the author

I really appreciated this manuscript, as it presents a high-quality, rigorous systematic review and meta-analysis regarding the use of systemic corticosteroids in adults with severe community-acquired pneumonia (sCAP). The methodology is sound, adhering to PRISMA guidelines.
The demonstration of high-certainty evidence for the reduction of ICU length of stay is a robust finding that speaks directly to healthcare resource optimization.

Just some considerations:

- While the overall findings are consistent, there is substantial heterogeneity in the ICU group for short-term mortality. The authors correctly used random-effects models, but the source of this variance—likely differences in corticosteroid agents and timing—remains a point of discussion that future trials must address.

- The review highlights a lack of consensus on the optimal agent (hydrocortisone, methylprednisolone, or dexamethasone) and dosing duration. While the meta-analysis accurately reports this diversity, it underlines the current "gray area" in clinical practice.

In the end, this is a robust and well-communicated study that clarifies the role of corticosteroids as a tool for clinical efficiency rather than a routine survival intervention in sCAP. It is highly suitable for publication, as it provides a clear, evidence-based synthesis that will be valuable for both clinicians and guideline committees in 2026.

Date Sent: 05-Feb-2026

Author's Response to Decision Letter for (JCQ-2026-0002)

Systemic Corticosteroids for Severe Community-Acquired Pneumonia: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

Dear Editor and Reviewers,
We sincerely thank you for your careful evaluation of our manuscript and for the constructive comments and suggestions. We greatly appreciate the time and effort invested in reviewing our work. The feedback has been invaluable in improving the clarity, methodological transparency, and overall quality of the manuscript. In response to the comments, we have carefully revised the manuscript and addressed each point in detail. All changes have been incorporated into the revised version of the manuscript, and the corresponding sections have been updated accordingly. For clarity, we provide a point-by-point response to each comment below.

Editor's Comments
In Your meta-analysis, Cochrane AND Scopus Excluded in Search strategy and data extraction of methodology, so makes it a weak meta-analysis.
Response: Thank you for this important comment. We agree that inclusion of multiple comprehensive databases strengthens the methodological rigor of a systematic review. In our study, we searched PubMed, Embase, the Cochrane Library (CENTRAL), and Web of Science. These databases collectively provide broad coverage of the biomedical literature, and the vast majority of randomized controlled trials are indexed within them. This approach was intended to ensure a comprehensive and robust literature search.

Your methodology is weak to be considered for meta-analysis with no Standard Protocol Approvals and Registration in PROSPERO
Response: We appreciate this observation. This meta-analysis was prospectively registered on the Open Science Framework (https://osf.io/qdjcu/overview) The registration number and relevant details have now been clearly stated in the Methods section to improve transparency.

Your study is not adhered to the Meta-Analysis of Observational Studies in Epidemiology (MOOSE) Checklist.
Response: We appreciate the reviewer's comment. This meta-analysis focused exclusively on randomized controlled trials, rather than observational studies. Therefore, we followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines, which are the appropriate reporting standard for systematic reviews of randomized trials.

Your study is not adhered the Assessing the Methodological Quality of Systematic Reviews (AMSTAR) guidelines.
Response: We thank the reviewer for this suggestion. To improve methodological transparency, we have now assessed the study using the AMSTAR checklist. The completed AMSTAR checklist has been added in supplementary checklist.

Search strategy is of low standard Medical Subject Headings (MeSH), and Emtree terms should have been be used in the search.
Response:We agree that a rigorous and transparent search strategy is essential. To address this point, we have now provided the detailed search formulas and results in the Supplementary Table 1. These additions clarify the search process and improve the transparency and reproducibility of our methods.

Does your studies met the Participant, Intervention, Comparator, and Outcomes (PICO) study design criteria, weakening strength of your meta-analysis.
Response: Thank you for your comment on this important point. In fact, we used a PICO-based search strategy. We included the term "community-acquired pneumonia" to identify the population; "glucocorticoids," "corticosteroids," "hydrocortisone," "methylprednisolone," and "dexamethasone" to identify the intervention; and "placebo" or "randomized" to identify the comparator. To ensure that all potentially relevant studies were captured, we did not restrict the search by specific outcomes. This approach has been clarified in the Methods section.

Reviewer: 1
It is a good manuscript for publication. however the type of steroid and associated adrenal insufficiency among the patients included in the study needed further evaluation.
Response：We appreciate the reviewer's valuable comment. Due to the limited and heterogeneous data available across the included studies, it was not feasible to make a firm recommendation regarding a specific corticosteroid agent. In addition, information on adrenal insufficiency was inconsistently reported and lacked standardized diagnostic criteria. We have now emphasized this as follows "Future research should focus on clarifying patient selection criteria, standardizing dosing regimens, determining the optimal timing of initiation, and directly comparing corticosteroid agents while systematically evaluating adrenal insufficiency as an important safety outcome."

Reviewer: 2
I really appreciated this manuscript, as it presents a high-quality, rigorous systematic review and meta-analysis regarding the use of systemic corticosteroids in adults with severe community-acquired pneumonia (sCAP). The methodology is sound, adhering to PRISMA guidelines.The demonstration of high-certainty evidence for the reduction of ICU length of stay is a robust finding that speaks directly to healthcare resource optimization.
While the overall findings are consistent, there is substantial heterogeneity in the ICU group for short-term mortality. The authors correctly used random-effects models, but the source of this variance—likely differences in corticosteroid agents and timing—remains a point of discussion that future trials must address.

Response: We thank the reviewer for this insightful comment. We agree that the heterogeneity observed in the ICU subgroup for short-term mortality is an important consideration.
We have added the following explanation to the Discussion section:"However, substantial heterogeneity in short-term mortality among ICU patients may reflect differences in corticosteroid agents, timing, dosing, treatment duration, and baseline disease severity across studies. Future randomized trials using standardized corticosteroid protocols are needed to clarify the impact of these factors on clinical outcomes.."

The review highlights a lack of consensus on the optimal agent (hydrocortisone, methylprednisolone, or dexamethasone) and dosing duration. While the meta-analysis accurately reports this diversity, it underlines the current "gray area" in clinical practice.
Response: Thank you for this important comment. As also noted by Reviewer 1, the available data across the included studies were limited and heterogeneous, which made it difficult to draw firm conclusions regarding the optimal corticosteroid agent or dosing regimen. In addition, information on adrenal insufficiency was inconsistently reported and lacked standardized diagnostic criteria. We have now emphasized this in the Discussion section as follows "Future research should focus on clarifying patient selection criteria, standardizing dosing regimens, determining the optimal timing of initiation, and directly comparing corticosteroid agents while systematically evaluating adrenal insufficiency as an important safety outcome."

In the end, this is a robust and well-communicated study that clarifies the role of corticosteroids as a tool for clinical efficiency rather than a routine survival intervention in sCAP. It is highly suitable for publication, as it provides a clear, evidence-based synthesis that will be valuable for both clinicians and guideline committees in 2026.
Response: We sincerely appreciate the reviewer's encouraging remarks and support for publication. We are grateful for the recognition of the methodological rigor and clinical relevance of our study, and we believe the revisions made in response to the reviewer's comments have further strengthened the manuscript.

We hope that the revisions and detailed responses have adequately addressed all concerns raised by the Editor and Reviewers. We believe that these changes have significantly strengthened the methodological rigor and clarity of the manuscript. We sincerely appreciate the constructive feedback and the opportunity to revise our work. We hope that the revised manuscript is now suitable for publication in the journal, and we look forward to your favorable consideration.
Thank you for your time and thoughtful review.

Sincerely,
Nobuhiko Seki
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