

General Comments to Authors:

This study is an attempt to develop a systematic protocol for the employment of traditional Korean medicine procedures in the diagnostic setting, here assessed in a healthy population. The authors state this attempt is the first of its kind; opportunity exists towards the end of the paper to remark on the protocol's purpose, since healthy individuals do not yet exhibit symptoms, and generalization to a nonhealthy population would be a next step for such a study. The paper contains gaps in details that would more fully explain the authors' methodology to the reader. It is unclear whether an attempt was made to coordinate study protocol (which is different from the KME protocol being developed) between medical centers, and whether data on disease-bearing patients was also collected vs. collecting disease-related data on healthy patients. Percentage agreement among experts at various study stages in terms of the core indicators being developed would be helpful.

Specific Comments to Authors:

P. 1, Para. 1 (Abstract), line 25:

the final KME protocol. -> the final KME protocol with XX core indicators.

P. 1, Para. 2, line 34:

Need an additional paragraph explaining to the outside reader what traditional Korean medicine is; what the word "traditional" means in this setting; how traditional Korean medicine's approach differs from that of contemporary medicine; and how predominant the practice of traditional Korean medicine is in S. Korea compared to that of contemporary medicine. Plugging the key words "Healthcare," "MDPI," and "traditional Korean medicine" into Google can help to generate a useful reference.

P. 2, Figure 1:

Mark in where the third round of expert opinions took place.

P. 2, Para. 3:

line 61: for the KME was compiled through -> for the KME was compiled by XXX through

line 63: KM questionnaires or device development -> What is their connection to the potential core indicators. Please supply brief examples.

P. 3, Para. 2:

line 76: Did the secondary survey involve the same or different experts from the first survey? If different, how were they selected and how many?

line 79: Supply brief examples of questionnaire-based vs. measurement category-based core indicators

lines 88-9: Were the KME indicators simply composed of different sets of chosen core indicators, or something else in addition?

P. 3, Paras. 3, 4, 5:

Indicate where the 3rd round of expert opinions on survey development took place.

P. 3, Para. 4:

Indicate how many experts were used in the pilot study.

line 100: a pilot study -> a pilot study of the XX core indicators

P. 3, Para. 5, line 104:

The final KME protocol -> The final KME protocol with XX core indicators, YY questionnaire-based, ZZ measurement category-based

P. 3, Para. 6:

line 114: Supply a % figure for the proportion of accepted (non-excluded) participants who filled out a questionnaire. If a figure is available on the extent to which questionnaires on the average were filled out (a typical questionnaire half filled out, three quarters filled out, etc.), that, too, would be helpful.

line 117: While data was entered into the eCRF system, please indicate what software or program was used to analyze the data. (This item can be placed on P. 3, Para. 6 or P. 7, Para. 1.)

P. 3, Para. 7:

Why were healthy as opposed to disease-bearing participants chosen for this study? Were they individuals connected with the mentioned health care systems but presently not being seen by them, or persons entering the involved medical centers for minor, nonrelated reasons? If they were not patients, how was each person initially identified and obtained? Were participants selected on a first come-first served basis, or through a more purposive process?

P. 4, Para. 1, line 124:

Explain how study protocol was initially coordinated and harmonized through time at the participating institutions.

P. 4, Para. 2, line 138:

for pattern identification -> add a qualifier or two before the word “pattern” so the reader can know what kinds of patterns you are talking about

P. 4 and throughout -> Please use consistent representation, either numeric or spelled-out, or both if following a rule, for representation of numbers.

P. 6, Para. 1, line 202:

Indicate % agreement among the experts for the core indicators emerging from the pilot study.

P. 6, Para. 2:

line 206: Indicate % agreement among the experts for the core indicators emerging with the final KME protocol.

P. 9, Para. 1, line 259:

dataset comprising 11,036 individuals. -> Comment on the size of the population assessed and whether it was the target size from the start. Why were females overrepresented in the study population?

P. 10, Para. 1, lines 275-80:

The authors use the terms “can enhance,” “is of utmost importance,” “are essential.” Did the investigators, indeed, follow these practices? If so, please modify the language to indicate they followed these practices.

P. 10, Para. 2, line 287:

Clarify whether the reference standards cited here are standards in general for the field at large, or standards specific to your centers.

P. 10, Para. 5:

line 310: Given the prior paragraph’s emphasis on data collected from a healthy population, the Limitations paragraph could open with a statement about the degree to which the protocol developed

could apply to a sick or diseased population. The authors may also wish, in addition, to comment on whether a future study will look at a nonhealthy population.

lines 310-19: This paragraph contains 10 lines of preamble from the first statement of limitations to the actual mentioning of the limitations. Either reduce the size of the preamble, or build the notion of study limitations into it.

P. 10, Para. 5, line 306 and Para. 5, line 320:

If the investigators actually gathered data on diseased patients and collected it into a diseased person dataset, as opposed to gathering disease-related data on the study's healthy participants, this fact needs to be incorporated into the paper at appropriate points in the Methods and Results sections. Proper explanation would need to be given as to why such a dataset was not pursued to the same extent of the healthy participant dataset.

P. 11, Para. 2, line 335:

Which of the two, contemporary or traditional medical practice, predominates in South Korea? What is the study's expected impact given this balance?

P. 11, Para. 3, line 342:

AI is really too big a spontaneous jump at this point in the paper. Big data is straightforwardly associated with precision medicine, a word the authors use earlier in line 309. The potential of this work to contribute to precision medicine is worth mentioning.

More importantly, since the individuals assessed constitute a healthy population, the authors need to explicitly state here and possibly in the Abstract and at the start of the paper whether the protocol developed has potential value in assessment for disease predisposition or disease prediction, since healthy patients do not yet exhibit symptoms.

Grammatical:

P. 2, Para. 2, line 56:

For KM -> for KM.

P. 2, Figure 1, box 1:

Two rounds of expert opinions by KMDs -> Two rounds of expert opinions by Korean medical doctors (KMDs)

P. 3, Para. 5, line 104:

will undergo updates until 2023. -> Please bring this sentence up to date.

P. 4, Para. 1:

line 125: move by independently -> move independently

line 129: neoplasms (e.g., cancer) -> neoplasms (i.e., cancer)

P. 4 and throughout:

Please use consistent representation, either numeric or spelled-out, or both if following a rule, for depicting numbers.

P. 4, Para. 3:

line 153: as KME core indicator -> of KME core indicator

line 155: The expert's -> The experts'

line 157: These 39 subcategories -> The 39 subcategories

line 160: ranges from 175 to 98. -> ranged from 175 to 98, depending on XXX.

P. 5, Table 1 Legend:

EAV, electroacupuncture according to -> Acronyms: EAV, electroacupuncture according to

P. 5, Para. 2, line 199:

to the core Seven-Emotions Inventory-Short Form (CSEI-S) 28-item -> to the 28-item core Seven-Emotions Inventory-Short Form (CSEI-S)

P. 6, Para. 1, lines 201-2:

were added to the medical examinations, and the final protocol was completed. -> were added to the medical examinations.

[The final clause is covered in the next section, and would just confuse things if left here.]

P. 6, Table 2:

Number of urine per day -> Number of urines per day

P. 7, Table 2:

number of pulse (both sides) -> pulse rate (both sides)

P. 8, Table 3:

Heading: Year -> Year (20 –)

ragweed(false) -> false ragweed

P. 8, Table 4:

Characteristics -> Characteristics

(N)

[Please drop “(N)” here. The ascription “N” appropriately appears in the columns to the right, which is sufficient mention]

P. 9, Table 4:

Skilled agricultural/Elementary

workers, etc

[This designation is very difficult to interpret. Do the authors mean?:

Skilled workers, e.g., agricultural,

manual labor, etc.

[Please reorder and reword]

P. 9, Para. 1, line 257:

the field of KM -> the field of Korean medicine (KM)

[needs reiteration in the Conclusion]

P. 10, Para. 1:

line 273: in the device itself. -> in the devices utilized.

line 279: and the explanation of the implications of KM's diagnosis are essential -> and the interpretation of KM diagnosis to the participant are essential

P. 10, Para. 2, line 284:

the KME programs. -> KME programs. [delete "the"]

P. 10, Para. 3:

line 291: This enables -> This step enables

line 292: stating that your pulse -> stating that, for example, "Your pulse

line 293: in their 40s. -> in their 40s."

P. 10, Para. 4:

line 302: data -> data set

line 306: gather disease-specific patient data -> gather disease-related data for our healthy participants

[Note: If the investigators actually gathered data on diseased patients and collected it into a diseased person dataset, as opposed to disease-related data on the study's healthy participants, this fact needs to be incorporated into the paper at appropriate points in the Methods and Results sections.]

P. 11, Para. 1, line 325:

during data analysis. -> during data analysis, which we only incorporated starting half-way through the project.

P. 11, para. 2, line 328:

KME's SOPs. -> KMEs' standard operating procedures.

[Too large a density of acronyms, especially for the Conclusion]

P. 11, Para. 4:

line 348: resources: -> resources,

line 349: data curation: -> data curation,

line 358: Date -> date