

## Peer Review File

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### **Reviewer A**

The manuscript "Antimicrobial Adjuncts in the Management of Periodontal and Peri-Implant Diseases and Conditions, a Narrative Review."(FOMM-20-84-RV9-9311) summarizes the potential use of adjunctive antiseptics in the therapy of periodontitis and peri-implantitis.

The topic is within the journal's focus and interesting for the practitioner.

Language is - for the greater part of the text, clear and concise and the paper is well-structured.

There are, however, several issues that should be addressed before publication:

A rather systematic literature research is described but it is unclear how the results of the search were processed. This should be described briefly.

- Agreed, the methods section was revised and identified as its own section rather than a subsection.

The most effective adjunctive benefit to SRP might be the combination of amoxicillin and metronidazole. This cocktail should find more regard in the text, given the respective title.

- Agreed, more details have been added to the text. (Section 3.1)

Likewise, CHX is maybe the most popular and most used antiseptic in dentistry. Its benefits and limitations with regard to biofilm should be stated more prominently.

- Agreed, more details have been added to the text. (Section 6.1)

Preparations that combine NaOCl and amino acids (sold as "Perisolv") are getting interesting. Since the removal of calculus is mentioned as a target, integrating this issue might refresh the text with "news" (section 5.2).

- Agreed. Perisolv has been discussed and citations inserted. (Section 6.2)

With regard to lasers, the much more recent EFP guideline for periodontal treatment should be described likewise.

- Agreed. The EFP guideline for periodontal treatment (Sanz 2020) was mentioned.

With regard to table 2 it is not clear on which base the "benefit levels" were chosen. Since this might be considered the core piece for the (quick) practitioner this issue is important and should be described well.

- Agreed, the criteria for the benefit levels were not clear. The authors decided to delete this column.

pg4ln74ff the classification system is that of the former 1999 but the references are the new ones. Should be corrected

- Agreed, a clarification was added to describe the old classification system and the 1999 Armitage document is referenced.

ln122ff "Sahrman et al 2020(PMID32369987)" would be a perfect match

- Agreed, the citation was added and commented upon.

ln133 bacteria is rather on the surface than within the calculus (see Listgarden's publications on polished calculus)

- Agreed. And the reference cited.

ln164ff though of principle interest, section 1.4 might be deleted since risk factors are not addressed to a later moment.

- We hope you may consider keeping this section since some clinicians may suggest therapeutic adjuncts to manage high risk patients.

ln178ff In fact bases, there are international guidelines in the meantime which address the use of antiseptics explicitly (EFP S3 guidelines). Should be reflected in the text.

- Agreed. The EFP guidelines are addressed here.

ln204 "tortuous" is a bit odd, should better be described with a subclause

- Agreed, the word was replaced and the sentence clarified.

ln 215 a literature reference is needed

- Agreed. A reference was cited.

ln264ff The benefit of very high concentrations should be mentioned

- Agreed, a comment was added and citations referenced.

ln289 there is a systematic review available for the use of povidone iodine, too (PMID 19909406)

- Agreed, the citation was referenced.

ln339 Emdogain's carrier is PGA, which is - in fact - an effective antiseptic. To some part, beneficial affects are attributed to this compound and not the enamel matrix proteins.

- Agreed, your comment was added and a reference cited.

ln427 Talking about periodontitis, there is no benefit, as the author intend. This fact might be written even more clearly in order to stay more concise.

- Agreed, a comment was added at the end of the paragraph.

ln431 The scientifically proven benefits of CHX should be given in the text

- Agreed, a comment was added. (Section 6.1)

ln520 Here, the issue of the risk factors might be reconsidered for the therapeutic consequences.

- Agreed, a comment on risk factors was included in the conclusion as well.

Not sure if table 1 is really needed for the present manuscript.

- Agreed, however the authors thought to add this table to briefly connect readers to the 2017 staging and grading classification of periodontitis. Especially since non-periodontists might benefit from having this informative source within the same publication.

## **Reviewer B**

This is a very comprehensive review of antimicrobial management of periodontal and peri-implant diseases. The whole manuscript is divided into 8 sections. Authos not only summarize existing evidence but also recommend therapies for different conditions in table 2. All relevant points are well supported with evidence. To the nutshell, a pretty good review. Below are some suggestions.

1. What are the criteria of the benefit level and evidence level in table 2 (low, high, moderate)?
  - Agreed, the criteria for the benefit level were not clear. The authors decided to delete this column. The evidence level column remained which is based on the level of certainty of benefits of each antimicrobial according to the cited literature in the last column.
2. Consider make the content more concise.
  - Agreed that the manuscript is not short, yet the main goal was to present a comprehensive picture of the antimicrobial recommendations in general. We preferred not to ignore the

significant topics surrounding the adjunctive management of periodontal and peri-implant diseases and conditions. However, the authors made an effort to keep each section concise.

3. Also consider remove some unnecessary references while adding more cutting-edge ones (only 42 are published in the last five years among the 112 literatures).
  - Agreed, new references were added. Older references remained for their informative value.
4. Set methods as one separate section instead of putting it as a subsection of introduction.
  - Agreed, the methods is now its own section.
5. Mind some minor mistakes. Such as, Pub-Med and formats (figure legends, table legends, figure title and table title).
  - Agreed, the noted mistakes were corrected. Please advise if more corrections are needed to be made.