Author's response to reviews

Title: How many general and inflammatory variables need to be fulfilled when defining sepsis due to the 2003 SCCM/ESICM/ACCP/ATS/SIS definitions in critically ill surgical patients: a retrospective observational study

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Version: 5 Date: 28 November 2010

Author's response to reviews: see over
Ulm, 27th November, 2010

MS:  ID 1379477723323185

Dear Mrs. Aguera and Dr. Edmunds,

please find attached our revised manuscript (ID 1379477723323185) responding item by item to the reviewers’ comments and describing all changes. We have revised our manuscript in light of the reviewer’s comments and made any required changes. We highlighted with the Word correction mode ‘tracked changes’/coloured’ all changes in the revised text.

We hope that the revised manuscript adequately addresses the reviewers’ comments, following below, and the manuscript is now acceptable for publication by the Editors.

Yours sincerely,

Manfred Weiss, MD
For the authors

Author’s Response to the adjudicator (referee 3)

Referee’s report
Title: How many general and inflammatory variables need to be fulfilled when defining sepsis due to the 2003 SCCM/ESICM/ACCP/ATS/SIS definitions in critically ill surgical patients: a retrospective observational study
Version: 4 Date: 20 November 2010
Reviewer: Dan Benhamou
Reviewer’s report:
The authors have done a very nice job and the revision is excellent. The topic discussed is if high clinical importance and this article really brings new information that might be clinically important and might also be incorporated in new standards.
I have no specific comment.
Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
I declare that I have no competing interests.

We are happy that our revision clarified all the items and is judged to be clinically important by the adjudicator.

Author’s Response to referee 1

Referee’s report
Title: How many general and inflammatory variables need to be fulfilled when
defining sepsis due to the 2003 SCCM/ESICM/ACCP/ATS/SIS definitions in critically ill surgical patients: a retrospective observational study

Version: 3 Date: 21 April 2010
Reviewer: Frank Bloos

Reviewer's report:
Major Compulsory Revisions
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none

Minor Essential Revisions
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Page 3 (last line): 'Prevalence' should be changed to 'Frequency'. Prevalence was not addressed in this study. This is also true for other parts of the text. Prevalence is an epidemiological term which does not quite fit.

'Prevalence' has been been changed to 'Frequency'

Page 4 (Methods): 'cases >= 18 years' should be changed to 'patients >= 18 years of age'. Same is true for the following lines and page 6 (results, 1st paragraph)

'Cases >= 18 years' have been be changed to 'patients >= 18 years of age'.

Page 5, 1st paragraph: explain abbreviation SvO2.

'SvO2' has been replaced by 'mixed venous oxygen saturation (SvO2)'.

Page 6 (last paragraph and the following paragraphs). Please, do not repeat numbers from the tables or figures. In the text, just describe whether i.e. mortality is decreasing or increasing when applying the cut-offs.

Numbers from the tables are no longer repeated in the text.

Page 7 (discussion, 1st paragraph): '...criteria markedly influenced...' 'better ...

"...criteria markedly influenced...' have been changed to "...criteria were markedly associated with..."

Page 10 (conclusion): 'cut off of greater than 3/8... may underclassify'. I don't get this one. Shouldn't it say 'cut off of lower than 3/8... may underclassify'? Same is true for key massages, last paragraph.

A 'cut off of greater than 3/8... may underclassify' has been changed to 'cut off of greater than 3/8... may not detect and, thus, underclassify'. In the key messages it now reads 'resulted in reduced detection of septic shock cases' instead of 'resulted in enhanced under-classification of septic shock cases'. We hope that these changes clarify this item, in that less patients are classified as septic shock when using a cut off greater than 3/8.

Discretionary Revisions
The discussion is still rather long. The manuscript would improve from a more focused discussion.

The discussion has been markedly shortened and is now more focused on consequences of classifying patients with increasing cut-offs of variables to define sepsis on the number of detected patients with severe sepsis, on treatment recommendations and on inclusion in clinical trials.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.