Reviewer's report

Title: GlideScope Use Improves Intubation Success Rates: An Observational Study using Propensity Score Matching.

Version: 4 Date: 25 August 2014

Reviewer: Richard Cooper

Reviewer's report:

I thank the authors for addressing my concerns constructively and submitting a substantially improved manuscript.

My remaining concerns are relatively minor and can be easily addressed.

P8, line 2: please clarify the four-point scale relating to practitioner level. Does this relate to work experience, device experience, professional level etc.? How does this relate to page 14, lines 16-17?

P8, line 8: please correct "was also recorded but a stylets use..."

P9, line 19: please clarify: "...was built with a likelihood ration based forward selection procedure..."

P11, line 15: please clarify whether expected difficult refers to expected difficult with DL or GS. I assume that if the operators anticipated difficulty with GS, they would have selected an alternative technique but this should be more clear.

P13, line 19: suggest removal of "only" since some guidelines go beyond "multiple attempts" and recommend that no more than 3 laryngoscopy attempts in total should be performed.

P14, lines 3 and 14: suggest that the statement be expanded to read that among patients deemed appropriate for post-induction laryngoscopic intubation, the GS was found to be 99% successful. The population studied was a subset of the total population who were intubated. Presumably, some patients had awake bronchoscopic intubation or were managed with alternative devices (SGA as a conduit, light wand, optical stylet etc.).

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
No competing interests. Verathon, the manufacturer of the GlideScope has reimbursed me for some of my travel expenses to speak at medical conferences. I have also been provided with equipment for evaluation and clinical use by Verathon. I have not received any funding, fees, salary and will not benefit from publication of this paper.