Author's response to reviews

Title: Cost analysis of the stroke volume variation guided perioperative hemodynamic optimization - an economic evaluation of the SVVOPT trial results

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Author's response to reviews: see over
Dear editor,
Dear reviewers,

In Plzen, March the 26th 2014

We are glad that our manuscript was assessed by the editorial office. We hereby submit the revised version including language editing and proposed changes. We hope that these changes and our point-by-point responses (later in this letter) will be found satisfactory.

With regards
On behalf of all the authors
Jan Benes
Reviewer's report (Reviewer 1)

Dear reviewer,
Thank you for your decision and comments, which were much appreciated. In following text we give point-by-point response to your comments.

On behalf of all the authors,
Jan Benes

Comments:
• Introduction: I miss a hypothesis underlying the current investigation. Although it is obvious, I would state something like: “We hypothesized that the reduced number of complications found in the SVVOPT study were also associated with lower general treatment costs.”
  - The text was adapted accordingly.

• Methods: Although I realize that the labelling of groups was taken from the authors’ initial publication, a more scientific nomenclature would be better: consider renaming the Vigileo group in, e.g., GDT group.
  - Very good point, thank you – changed accordingly

• Results, third para: in table 1 it is shown that infection treated costs, hospital stay acquired costs as well as intravenous fluid costs do NOT differ significantly between groups (Vigileo/GDT vs control). Therefore, the authors have to either omit these statements or describe them as a tendency.
  - The text was adapted accordingly.

• Results: please consider presenting the main results given in table also in text form.
  - We have implemented major results in the text as well.

• Discussion, first para: “…the duration of ward stay were the most important cost drivers”. Again, from the results section it appeared that hospital stay acquired costs did NOT differ significantly between groups (Vigileo/GDT vs control). So this conclusion is not supported by the data presented. Please clarify.
  - The text was adapted accordingly and the statement omitted.

• Conclusion: the conclusion section nicely summarizes the main study findings. However, I miss a conclusion on what this means in terms of improving patient care and what the possible future perspectives are.
  - We have expanded the last paragraph of the discussion in regard to comment this point. However due to low statistical significance of our results we believe
we cannot give any strong recommendations into the conclusion in order to stay concise and “evidence based”.

Minor points:
• Please give page numbers – Pages are numbered in the revision
• Introduction, 3rd sentence: this is not a full sentence. E.g. combine with previous one. – Text adapted
• Tables 1 and 2: I guess all the numbers are given in Euros? Please clarify (legend). – Table adapted
• Table 2: what does a negative number for additional costs mean (e.g. non-infectious hospitalization costs)? Please clarify. – Clarified in the table legend
• Discussion, 1st page, last para: “including FloTrac and Vigileo” implicates that these are two different devices. Please change to FloTrac/Vigileo or simply Vigileo as written throughout the paper. – Rephrased
Reviewer's report (Reviewer 2)

Dear Reviewer,
Please let us thank you for reviewing and considering our manuscript. Hereby we report the point-by-point answers to your comments.

On behalf of all the authors,
Jan Benes

Comments:

Please anytime you report mean in text and tables, specify SD.

- SD are reported where available in the revision, however we were not able to identify SD in some of the data used for comparison in the discussion section (Braga manuscript) – for this reason (and also to make the comparison manageable) we have omitted SD in this part.

Intro. First paragraph. I would rearrange the last two sentences.

- We have adapted the text according to your recommendation

Second paragraph. In one (study?) the patients were admitted...: please add ref.

- Reference added

Methods. Why among non infective complications only heart failure?
What about kidney failure, and Gastrointestinal complications?

- This was due to low incidence of patients having one condition alone. For instance none of our patients experienced AKI or some GIT complication alone. In order to elucidate this point we have rephrased the text in the methods section and gave a better description of this problem in the results section.

Quality of written English: Needs some language corrections before being Published

- A native speaker expert in health care economics was asked to perform the revision of the language