Author's response to reviews

Title: Trends in the use of electrical cardioversion for atrial fibrillation: influence of major trials and guidelines on the clinical practice

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Author's response to reviews: see over
Re: MS: 1091726872674693

Trends in the use of electrical cardioversion for atrial fibrillation: influence of major trials and guidelines on the clinical practice
Josep M Alegret, Xavier Vinolas, César Romero, Silvia Pons, Roger Villuendas, Naíara Calvo, Jordi Pérez-Rodon and Xavier Sabaté

Dear Editor,

Thank you for your support of our manuscript. In submitting this revised version we have taken into account of all the reviewers’ criticisms. The accompanying sheets contain our itemized responses and, where necessary, we have made appropriate changes in the text. These changes/modifications are highlighted in grey in the revised text.

We hope that the revised m/s meets with the quality requirements for inclusion in your journal.

Yours sincerely,

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**Response to Copy-editor**

Point 1: After reading through your manuscript, we feel that the quality of written English needs to be improved before the manuscript can be considered further.

Response: We regret that the quality of written English was considered in need of improvement. We have sought the help of a professional native English-speaking editorial service and we sincerely hope that the revised manuscript meets the standards of the Journal.

Point 2: We advise you to seek the assistance of a fluent English speaking colleague, or to have a professional editing service correct your language. Please ensure that particular attention is paid to the abstract.

Response: We have accepted the advice, but have chosen not to avail ourselves of the recommended editing service. The professional, fluent, native-English-speaking, editorial service we have employed (Tscimed.com) has extensive biomedical publication experience, both individual and corporate. The manuscript has been thoroughly revised throughout, with particular attention being paid to the Abstract, as suggested.

Point 3: Research involving human subjects (including human material or human data) that is reported in the manuscript must have been performed with the approval of an appropriate ethics committee. Research carried out on humans must be in compliance with the Helsinki Declaration (http://www.wma.net/en/30publications/10policies/b3/index.html). A statement to this effect must appear in the Methods section of the manuscript, including the name of the body which gave approval, with a reference number where appropriate.

Response: Since the current study merely draws on data contained in our registry and does not involve any specific additional intervention to that of the original diagnostic-treatment procedures, the statement we had already made in the
original manuscript (and retained in the current version) is appropriate

“The study received approval from the Institutional Review Boards (Clinical Ethics Committee) of each participating hospital on the understanding that the data were coded on entry into the registry and that patient privacy was respected”.

Point 4: Please also ensure that your revised manuscript conforms to the journal style (http://www.biomedcentral.com/info/ifora/medicine_journals). It is important that your files are correctly formatted

Response: OK. The manuscript has been systematically revised to ensure that the Journal’s format requirements are adhered-to. This applies particularly to the reference section which had not been formatted correctly and for which we apologize.
Response to Reviewer #1

Specific comments

Point 1: I will be interested to know if the authors can quantify how often ECV was used as a bridge to AF ablation
Response: In the Results section (Page 5) we have added the number of patients treated with ECV prior to AF ablation in both surveys.
Response to Reviewer #2:

Specific comments

Point 1: In fact, in order to assess that in 2010 there was also a lower use of the rhythm control strategy (including also AF ablation, which significantly spread out in the last decade) it would be important, at least, to include a brief report of the numbers of AF ablation performed in 2003 and 2010 in the same centers in Catalonia, in order to have a complete picture of the difference concerning the choice of the rhythm control strategy between 2003 and 2010.

Response: In the Results section (Page 5) we have included the number of AF ablation performed in the hospitals in the course of the survey periods, as well as the number of ECV performed as a bridge to AF ablation.

Point 2: In the manuscript is not reported the number of patients treated (in 2003 and 2010) with anti-arrhythmic drugs before ECV and how many of them where converted to SR only by pharmacological treatment.

Response: We have added the number of patients treated with anti-arrhythmic drugs before ECV (Page 5). Regrettably, we do not have the data on pharmacological cardioversion.

Point 3: Another issue is that it is not reported whether the same physicians in 2003 and 2010 enrolled for the study. I believe it would be to great interest if authors could in some way gain access and added the information to the manuscript. In this way the manuscript
would be more complete and really represent the population and the choice of treatment in Catalonia.

Response: In the Methods section (Page 4) we have added a comment about the number of investigators in each hospital involved in both surveys.

Point 4: Benefit of SR in the AFFIRM study. Limitations of these study.
Response: We agree with the Reviewer’s comment. We have added a statement on this issue (Discussion section, Page 8).

Point 5: Change “Feb” with February
Response: OK. Done (Methods section; Page 3)

Point 6: Add a table reporting data regarding success rate, biphasic vs monophasic shock in 2003 and 2010, number of shock and energy used.
Response: We have added (Table 2) the characteristics of electrical cardioversion procedure in both surveys.