Author's response to reviews

Title: Inappropriate antifungal therapy for candidemia in the ICU and hospital resource utilization: a retrospective cohort study

Authors:

Marya D Zilberberg (mzilberb@schoolph.umass.edu)
Marin H Kollef (mkollef@DOM.wustl.edu)
Heather Arnold (HXA7561@bjc.org)
Andrew Labelle (ALabelle@DOM.wustl.edu)
Scott T Micek (STM8241@bjc.org)
Smita Kothari (Smita.Kothari@us.astellas.com)
Andrew F Shorr (AFShorr@dnamail.com)

Version: 2 Date: 15 April 2010

Author's response to reviews:

Dear Dr. Norton,

We are grateful to both Drs. Oliver and Dimopoulos for their thoughtful comments on our manuscript. We believe that the changes below have improved our work. We are looking forward to further comments on our paper.

Sincerely,
Marya Zilberberg, MD, MPH

Reviewer: LEROY OLIVIER
Reviewer's report:

Zilberberg et al. studied the impact of inappropriate antifungal therapy of candidemia on hospital length of stay and hospital costs. They retrospectively analyzed 90 patients. Inappropriate treatment was frequent and was associated with an higher post-candidemia LOS and higher costs.

This study is interesting. The paper is well-written.

Thank you.

Major compulsory revisions: The authors did not explain with details how they determined the hospital costs. On page 4, they assessed that total hospital costs represent the sum of costs across all individual hospital cost centres. I believe that this definition is too imprecise.

The reviewer is correct, and we have now clarified the cost centers included by adding the following to page 5:

“These cost centers included room and board, pharmacy, radiology, and
Moreover, I do not understand whether the authors took into account only the costs related to hospital stay following onset of CBSI or those related to the entire hospitalization.

To further clarify this, we inserted the following on page 5:

“Although only total costs were available rather than costs incurred following the development of the index infection, we arrived at CBSI attributable costs by adjusting for the HLOS prior to the CBSI onset.”

Minor essential revisions: the list of abbreviations on page 10 in not complete: CHF, CAD, DM, COPD, ESRD, HIV, CVC, MV (all used in table 1) must be added. Thank you for pointing this out. We have now added these terms to the list of abbreviations.

Reviewer: Dinopoulos George
Reviewer's report:
Minor Revision
- the authors could add a small comment on the usual daily practice of the ICU staff regarding prophylaxis, preemptive or empirical antifungal treatment?

On page 4 we added the following:

“At the BJH certain BMT and solid organ transplant patients receive antifungal prophylaxis, with the duration and agent dependent on how far out they are from transplant and what organ or type of stem cell donor they have. Overall, however, for standard ICU patients, antifungal prophylaxis is not provided. Empiric coverage is not standardized. For those patients at high risk for fungemia, antifungal therapy is initiated with broad-spectrum antifungal therapy at the onset of signs and symptoms of infection. Those with a lower risk for fungemia are not started on therapy until they remain febrile for 2-3 days following empiric antibacterial coverage.”