Author's response to reviews

Title: Population-Based Cohort Study of Outpatients with Pneumonia: Rationale, Design and Baseline Characteristics

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Author's response to reviews:

May 23, 2012
Jigisha Patel, MRCP, PhD
Editor-in-Chief
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Dear Dr Patel

Thank you for the opportunity to revise and resubmit our manuscript entitled “Population-Based Cohort Study of Outpatients with Pneumonia: Rationale, Design and Baseline Characteristics.” We have addressed the comments in the revised manuscript and have provided a point-by-point response to the concerns. We look forward to your decision.

Reviewer 2:

C1. I have one minor essential revision, that being to explain why the initial admission rate is so low at 7%. Most ED pneumonia populations demonstrate initial hospitalization rates of about 50%.

R1. We agree with the reviewer and have further clarified our manuscript (pg 7, Selection of Participants). This cohort represents only subjects who were admitted to the emergency department and subsequently discharged back into the community. Thus, the 7% represent individuals who were readmitted within 24hrs after being discharged. Patients who were admitted to the emergency department and subsequently transferred to inpatient hospital care without being discharged back into the community are not included in this data. As the reviewer correctly indicated, this does represent over 50% of our entire CAP cohort. These patients have been reported on extensively in our inpatient cohort studies.

Pg 7 Paragraph 2 now reads: Patients admitted to hospital or directly to the ICU from the Emergency Department, representing approximately 55% of our overall cohort, are not included in our outpatient registry.
C2. I also have one discretionary revision suggestion, that being to also utilize eCURB as a mortality and other adverse outcome predictor. eCURB is an electronically calculable version of CURB-65 that uses the elements as continuous and weighted variables, with improved performance. Jones BE Chest. 2011;140:156-163

R2. We are familiar with the eCURB and agree that several additional risk adjustment scores and outcome predictors are available. As the author suggests, we are planning additional manuscripts that will directly compare the performance of various risk adjustment models (A-DROP, CURB65, eCURB65, CURB-AGE, and CORB) and outcome prediction. As this manuscript is directed towards initial cohort description, we believe the evaluation of the eCURB is beyond the scope of this manuscript. As the reviewer has also suggested it is both minor and discretionary we have not added this to paper. But given eCURB has only been validated in inpatients, we will perhaps touch base with the reviewer and consider pursuing outpatient validation in the future.

Thank you and we look forward to your decision.

Dean Eurich