Author's response to reviews

Title: Epidemiology of bloodstream infections in patients with acute myeloid leukemia undergoing levofloxacin prophylaxis

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Author's response to reviews: see over
Dear Editor,

thank You for considering a revised version of our paper entitled “Epidemiology of bloodstream infections in patients with acute myeloid leukemia undergoing levofloxacin prophylaxis”.

We uploaded the revised manuscript and the changes are highlighted in yellow.

Please find hereafter a synthesis of our corrections to the reviewers’ comments.

1) Name the specific ethics committee that waived the need for ethical approval and also clarify if a data protection committee approved the study.

The Medical direction of the Molinette Hospital in Turin Italy approved the retrospective study under the Italian Law to respect the privacy of patients in the analysis of data.

2) Describe the use of levofloxacin more specifically. How was the prophylaxis with levofloxacin used? Which doses? When was it started and discontinued?

It was added in the text

3) What were the other clinical characteristics of the patients in the study?

No comorbidities were recorded.

4) How long did the neutropenia last?

It was added in the text
5) How many patients received an haematopoietic stem cell transplant for consolidation therapy? How many were autologous, and how many were alogeneic?
   It was added in the text

6) Did patients receive antifungal prophylaxis?
   Yes, with itraconazole. It was added in the text

7) Did the patients carry a central venous catheter in both induction and consolidation phases?
   All the patients carried a central venous catheter (Hohn type) both in induction and in consolidation phase.

8) When were the ESBL producers isolated? In the second period?
   It was added in the text

9) On the other hand, it’s difficult to believe that the differences in the microorganisms isolated in the induction and consolidation phases are only due to the use of levofloxacin in the induction cycle.
   We extended the discussion on this section

10) No information regarding any clinical outcome such as mortality is reported in the study
    It was added in the text
11) Results: The sentence "five cases of neutropenic fever were associated with SIRS" is difficult to understand. I assume the SIRS criteria (for example from Bone, Balk, Cerra et al. Chest (6) 1644-55: - Temperature < 36 °C or > 38 °C, HR > 90, RR > 20 or PaCO₂ < 32, WBC > 12000 < 4000, or > 10% immature (band) forms) are fulfilled in every case of neutropenic fever, not only in five cases. I hope You can either leave this sentence out or open the meaning of it a bit better.

It was deleted

12) The conclusion in the sentence "Empirical treatment was significantly more associated with fever disappearance in the consolidation phase." is at least debatable. Is it possible that the consolidation phase is lighter treatment than the induction phase? Is it possible that the fever resolves sooner because of (perhaps shorter) duration of deep neutropenia in consolidation phase? I hope You open this observation up in discussion.

It has been done.

13) I would like to see few lines about the general resistance profiles and microbiological surveillance data in Your own hospital during this time interval. How much of the findings in patients blood cultures is explained with levofloxacin usage? What is the proportion of general resistance profile in Your hospital (or in Your ward)?

It was added in the text
14) I ask You to include the number of patients and number of neutropenic fever episodes in both induction and consolidation sections. It is easier to read the table with this information available.

It has been done.

We hope that the requested changes are appreciated by the Editor and by the Reviewers.

Best regards

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