Author's response to reviews

Title: Hospital days, hospitalization costs, and inpatient mortality among patients with mucormycosis: a retrospective analysis of U.S. hospital discharge data

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Ms. Philippa Harris
Executive Editor
*BMC Infectious Diseases*

Dear Ms. Harris,

On behalf of my co-authors, I am pleased to submit a revision of the manuscript, titled “Hospital days, hospitalization costs, and inpatient mortality among patients with mucormycosis: a retrospective analysis of U.S. hospital discharge data” to be considered for publication in *BMC Infectious Diseases*.

The following revision was requested, “Ethics Statement: 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 and be in compliance with the Helsinki Declaration. 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. If a study has been granted an exemption from requiring ethics approval, this should also be detailed in the manuscript (including the name of the ethics committee that granted the exemption).” We have added the following sentence to the Methods section of the manuscript to address this request, “The HCUP-NIS data used in this study represent de-identified human subject data. The database does not contain data elements that would allow direct or indirect identification of specific individuals. All parties with access to the data were signatories of HCUP’s formal data use agreement (DUA), and additionally completed the HCUP DUA Training.”.

As noted in our original cover letter, mucormycosis is a very rare and often fatal fungal infection, primarily occurring in severely immunosuppressed patients. Because it is so rare, reports in the literature are mainly limited to case reports or small case series. This makes it difficult to understand the general epidemiology of and outcomes associated with the infection. In our paper, we identified a large cohort of mucormycosis cases from a nationally representative database of hospital discharges to fill this gap. After propensity-score matching, we found that hospitalizations with mucormycosis had significantly higher inpatient mortality, length of hospital stay, and hospitalization costs compared to matched hospitalizations without mucormycosis.

This manuscript represents original work, has not been previously published, and is not being considered for publication elsewhere. All authors have reviewed and approved the manuscript and provided a significant contribution to the content.

This study was sponsored by Astellas Pharma US, Inc. Dr. Huang, Ms. Federico and I have no disclosures to report. Dr. Chaudhari is an employee of the sponsor. Dr. Zilberberg and Dr. Shorr are consultants to the sponsor. Dr. Zilberberg is also a consultant to Cubist Pharmaceuticals, Pfizer, and Optimer Pharmaceuticals. Dr. Shorr is also a consultant to Cubist Pharmaceuticals, Forest Pharmaceuticals, Inc., Bayer, Pfizer, Theravance, and Trius Therapeutics.

I am the corresponding author, and my contact information is below. We hope that you find the manuscript suitable for publication, and we look forward to your decision.

Sincerely,

Joseph Menzin