Author's response to reviews

Title: Subspecialty surveillance of long-term course of small and moderate muscular ventricular septal defect: heterogenous practices, low yield.

Authors:

Erik L Frandsen (ErikFrandsen@creighton.edu)
David A Danford (ddanford@childrensomaha.org)
Yunbin Xiao (xiaoyunbinshirui@gmail.com)
Shelby Kutty (shelby.kutty@gmail.com)

Version: 3
Date: 8 September 2014

Author's response to reviews: see over
RE: MS: 1958524099130464. Subspecialty surveillance of long-term course of small and moderate muscular ventricular septal defect: heterogeneous practices, low yield.
Erik L Frandsen, Ashwathy V House, Yunbin Xiao, David A Danford and Shelby Kutty

Dear Ms. Olino

Thank you very much for your letter dated 08-13-2014 and for the opportunity to revise this manuscript for consideration for publication in the *BMC Pediatrics*. We would also like to thank the reviewers for their meticulous and helpful comments.

We have addressed each of the comments from the Reviewers, as detailed below. We have used blue colored font to show the changes in the manuscript. We believe this revised submission fully addresses questions and concerns raised by the reviewers.

Thank you for your consideration.

Sincerely,

Shelby Kutty M.D

Associate Professor of Pediatrics

Email: skutty@unmc.edu
REVIEWERS' COMMENTS:

Reviewer #1: Minor Essential Revisions:

1. This study will interest pediatric cardiologists who care for patients in a general pediatric cardiology clinic or who do consults in the hospital and follow up visits. The authors’ bias toward fewer follow-ups for patients with small and hemodynamically insignificant VSDs is based on literature and the practice of some of the cardiologists in their institution, but not necessarily on the practice of all pediatric cardiologists. The authors state valid reasons why follow up is probably not required, and they suggest in the Limitations section that clinical scenarios for each patient and provider may be different and this may play a role in follow up. However, I think they should briefly discuss that societal issues may also dictate that follow up visits be performed. In addition, even if the VSD is not listed as resolved, and the patient has no follow up, there may be concern in the family, other providers (e.g., dentists for SBE prophylaxis), or schools (for sports participation), that can cause problems in the future. There may also be complications during the transition to adulthood with providers. Finally, insurance may be affected by the presence of this diagnosis in the patients’ chart. Response: Done. We have commented on societal issues and parental pressure in Page 11 paragraph 2.

2. The authors state that experience of the physician may play a role in recommendations for follow up, but no specific data is presented on this. Table 2 lists the providers and their statistics, and one provider predominates, but we have no data on how many patients of all categories each provider saw during the study period. That would be one indication of experience or clinical load. I don’t know that this information is needed, but it would be nice to at least see how long each provider was in practice prior to the beginning of his or her involvement in the clinic. This should be a pretty easy number to obtain for each person and might support the idea that longer experience is associated with fewer follow up visits. Response: Analyses was performed categorizing providers were categorized based on training, clinical volume during the study, and echocardiographic expertise, and this has been added to the paper (Page 6, paragraph 2; page 9 paragraph 1 and Table 3).

Discretionary revisions
1. Personally, I don’t like the use of abbreviations in this manuscript. In many ways, it reads like a medical record, with the use of “Pt,” “Echo,” “PC,” and “F/U.” I would spell these out, but that is a personal preference and I am not aware of Response: Pt, Echo, PC, and F/U were spelled out throughout the paper.

Reviewer #2:
Major Compulsory Revisions
This paper is interesting and well written. It showed in a large series of moderate or smaller mVSD, that intensity of f/u of hemodynamically insignificant mVSDs was highly variable among cardiologists in a same center and that f/u was commonly recommended but resulted in no active medical or surgical management.
The manuscript should be improved, taking into account the following comments.

- A statement should be added on the previous surgeries that these patients could potentially have had before follow-up.

Response: None of the patients in this study had previous surgeries. This information is now added to the exclusion criteria. (Page 6, paragraph 1)

- Add in the abstract the notion of "hemodynamically insignificant" VSDs. This is a very important point to really understand the paper and its clinical pertinence.

Response: We have added “hemodynamically insignificant” to the Background section of the abstract (Page 2, paragraph 1)

- 60 patients were followed for multiple small mVSDs: did any of these patients have a swiss cheese septum? I guess no, since only hemodynamically insignificant VSDs were followed, but that should be clearly stated.

Response: None of the patients had a swiss cheese defect. (Page 7, paragraph 2)

- The incidence of the rate of spontaneous closure of the VSDs should be preciser in the manuscript. Even if it’s not the aim of the study, it is an important information that the reader would be interested in.

Response: We have added spontaneous closure rate to Introduction (Page 4, paragraph 1)

- Authors should report the results of the univariate analysis (studies variables and p-values)

Response: Done. This data is added to Table 3

Minor Essential Revisions:
- Authors should precise OR and confidence intervals for the multivariate analysis (in table 3)

Response: Done. This data is added to Table 3.

-the impact of a useless follow-up on the quality of life of the parents and the patients should be discussed even if this topic was not specifically investigated in this study.

Response: Done. We have added the impact of follow up on the quality of life in the Discussion (Page 11, paragraph 2)