Dear Matt,

It is a pleasure to submit our revised manuscript entitled "Circumstances surrounding dying in the pediatric intensive care unit" by Jetske ten Berge, Dana-Anne H. de Gast-Bakker and Frans B. Plotz.

We have attempted to answer yours and the referees comments. The changes are marked in the revised manuscript. Our reply regarding the comments are attached. We would like to take the opportunity to thank the referees for reviewing our manuscript. We hope that the aforementioned changes have improved the manuscript in accordance to your recommendations and of the referees.

Sincerely,

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"Circumstances surrounding dying in the paediatric intensive care unit" by Jetske ten Berge, Dana-Anne H. de Gast-Bakker and Frans B. Plotz.

Comments Senior Editor:
- We consulted the Institutional Review Board of The VU medical center. It is not necessary to require ethical approval for this or similar studies. We therefore changed the sentence into "For a retrospective review of this nature it is not institutional policy to require ethical committee approval".

Comments Reviewer Jean-Pierre Revelly:
Major essential revisions:
- It is not our intention to report factors related to the risk of death. Our primary goal is to describe the circumstances of dying in a pediatric intensive care and to describe post mortem procedures in this group of patients. We agree with the reviewer that more information should be collected and provided to allow for
relative risk evaluation. We only describe time and day of admission. We do not draw any conclusion from that. In contrary, in the discussion we stated that we are aware of the small number of patients, that essential information is lacking and that firm conclusions cannot be made. An extra sentence "However, this is a descriptive study and not aimed at reporting factors related to the risk of death' in the discussion was added.

- The aim of the study was to describe the circumstances of dying in a PICU, not a qualitative study regarding the process of treatment limitation that might lead to death. We fully agree with the reviewer that the latter is a very important issue to describe the process of end-of-life-care. However, the present study was not primary aimed at describing these processes. We are ware of this and already have addressed this in the discussion. We consider this a limitation of our study. In order to meet the comments of the reviewer we have added a few sentences in this paragraph to highlight the importance of this topic. Unfortunately, the same is true for the number of patients that was discharged with limited care. We have no information of this group of patients. We have this also addressed in the same paragraph.

- We have provided the additional new information which was obtained form the autopsies in the result section. "The autopsies confirmed the clinical diagnosis in 11 patients (57.8%), whereas in 3 patients (15.8%) the autopsy did not provide additional information and the cause of death remained unknown. In 5 patients (26.4%) the autopsy revealed new information about the cause of death. In one patient the intial clinical diagnosis of aspiration pneumonia was changed into bronchopneumonia and in the remaining four patients the cause of death was initially unknown. The autopsy revealed that a bronchopneumonia, a pulmonary embolism, a encephalopathy due to lymphomatoid granulomatosis, and a cerebral aneurysm respectively, as the cause of death". In addition, we provided additional information in the abstract.

Comments Reviewer Murray Pollack:
Minor essential revisions:
- To better define that the TOF group is mutually exclusive form the failed CPR group we added the sentence "In the TOF group no children were included with failed CPR" in the methods section.

- As the reviewer suggested we added the sentence "For organ donation brain death is required including strict criteria to confirm the diagnosis brain death".