Author's response to reviews

**Title:** Inhaled Drugs to Reduce Exacerbations in COPD Patients: a Network Meta-Analysis

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

We thank you and the reviewers’ very valuable evaluations and for your invitation to revise our manuscript. Please find below our answers the comments. We restated each comment followed by our response in *italics*.

**Editor’s comments**

As you will see there have been some further criticisms of your manuscript. After review of the reports, we note that Referee 1 disputes your rebuttal of their original report in regards to the inclusion of reference 53. We are satisfied with your rebuttal and the addition you made to the discussion, and if you feel strongly that it should be included, we will not insist on compliance with this point. However, Referee 1 has made an additional point, which will need to be addressed by you.

In addition, please improve these sections to comply with the BMC style:

a) Competing interests should be the first section after the conclusions, and should include the "financial disclosures" you have

*We changed the paper accordingly.*

b) Details of contributors should appear after competing interests and should be called Authors’ contributions

*We changed the paper accordingly.*

c) Funding should follow authors’ contributions and should be called Acknowledgements

*We changed the paper accordingly.*

**Reviewer 1**

Ref 53. It was hard to accept this point. In such case, there ’s a lot of trials involving asthma, and ex-smokers, where ICS had greater efficacy in preventing exacerbations in asthma comparing with COPD. I strongly recommend not including this kind of trials. FIGURE 1. From the first 40 excluded trials the reason was not mentioned. For example how many were abstracts?
We discussed it again and finally followed the reviewer’s advice and deleted ref 53 from the analyses. There are now 35 trials and 26,786 patients in the analyses. We repeated all analyses, which did not change as expected given the small size (n=74) of the van der Boom trial. The only very minor change was for the comparison of inhaled steroids versus long-acting beta-agonists where the point estimate changed from 1.01 to 1.00.

We assessed only the abstracts of the 40 studies excluded first. It was obvious from the abstract that they did not fulfill our inclusion criteria, for example because they focused mainly on lung function and not on exacerbations or because the follow-up was not sufficiently long. We did not record the reason for exclusion following the standard systematic review methodology where the reason for exclusion is only given for papers where the full text was assessed. In the revised paper we expanded the caption for figure 1 explaining the reasons for exclusion of the 40 studies after title and abstract screening, without, however, giving exact numbers. The text reads as: “Study flow from database searches to inclusion of trials. 40 trials were excluded after title and abstract screening because they obviously did not fulfill the inclusion criteria (not COPD patients, unstable COPD patients, short-acting bronchodilators, treatment duration <4 weeks, no exacerbations ascertained). Reasons for exclusion for the 20 studies excluded after full text assessment are listed in Appendix 2.

Reviewer 2
No further comments

Reviewer 3
No further comments