Author's response to reviews

Title: Outcome of open and endovascular repair in acute type B aortic dissection

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Author's response to reviews: see over
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To: Editor Journal of Cardiothoracic Surgery

Re.: MSC 3189824473264905 - OUTCOME OF OPEN AND ENDOVASCULAR REPAIR IN ACUTE TYPE B AORTIC DISSECTION (revised)

Dear Editor:

I submit to you the above mentioned msc. in form of “Original article” revised as suggested by the reviewers.

All concerns have been inserted in the form of the text with coloured/underlined changes’ as follows:

1. reviewer # 1. In order to the comments included in the pdf. attached form no modification has been requested;

2. reviewer # 2. The comment on the recent article by Nienaber and coll. has been included (revised msc., section “Discussion”, page 15,lines 7– 21 and page 16,lines 1- 6).Moreover a new reference has been added so also modifying the order of other references from 20 to 24 ( revised msc., section “References”, pages 22-23, references 19 and 20-24);

3. reviewer #3. As reported by the reviewer we agree that some points of study design are questionable so we have underlined study limitation at the end of section “Discussion” integrating our considerations with the suggestions of the reviewer (revised msc.,”Study limitation”, page 17,lines 12-13, 14-15, 18-19). With regard to the consideration that the mortality in the OS group ( 1 patients from MI and 1 from bowel infarction) was not strictly
related to the type of technique used we have included this statement in the revised text (section “Discussion”, page 14, lines 9-14). Moreover, in order to consider the suggestions by this reviewer we have reported separately the results of TEVAR and OS techniques respectively (revised msc., section “Results”, pages 10, 11 and 12). We believe that major criticisms by reviewer #3 are surely correct and now are cited in the text (section “Discussion- Study limitations”, page 17). Specifically all points reported by the reviewer have also modified as follows: a. in the section “Abstract” we have included the term “had to undergo” and we have deleted the term “eligible” (revised msc., page 2, line 6); b. we agree with the reviewer that type B AAD is a formidable challenge only in complicated cases and we underlined this aspect (revised msc., section “Background”, page 4, line 3); c. the internationally well accepted descriptions of early mortality, paraplegia/paraparesis, renal and respiratory failure have been deleted as suggested by the reviewer (revised msc., section “Methods”, page 6, lines 15-17); d. regarding carotid – to – carotid intervention the criticism by the reviewer is correct so, considering that we have not performed this type of procedure, we believe it unnecessary and we have deleted it from the revised text (revised msc., section “Results- TEVAR group”, page 10, lines 16-17); e. now Results and Discussion have been separated as suggested by the reviewer. We hope that this modification meets the agreement of Journal’s Editor (revised msc., pages 10 and 12); f. We would confirm that early mortality rate is not included in survival rates as correctly suggested by the reviewer and this statement has been inserted at the end of the section “Methods” (revised msc., page 6, lines 19-20). By the way we have not included this mortality rate calculating the survival rates because these patients died during their postoperative course and we have not considered them in our records of follow-up. Moreover the referee report that in the OS group only 3 patients (27%) survived at 8-year follow-up. This criticism is not correct because in the OS group out of a total of 11 treated patients 1 died intraoperatively and 3 during the postoperative course (revised msc., section “Results-OS group” and Table 2). In the group of the remaining 7 patients 3 died at follow-up with a confirmed survival rate of 57.1% (4 survived patients/7 at 8 years) not of 27% as reported by the reviewer (3/7 survived patients) (revised msc., section “Results-OS
group”, page 12, lines 8-10). Finally we agree with the reviewer that a curve by Kaplan-Meier method in a small cohort is not really relevant, but, according to our statistician, we consider it a starting point to more define some differences between TEVAR and OS technique so improving our knowledge on the treatment of these very difficult patients; g. the reference #15 has been deleted and the subsequent numbering of other references in the text has been consequently modified (revised msc. section “References”). The correction in the text of reference #22 has been inserted (revised msc., section “References”, page 23, line 5); h) the criticism by the reviewer is correct. In fact by a review of our statistical data we have found a mistake reproducing the table 1 and now we have corrected this (revised msc., Table 1, page 24, presence of no difference in the proportions of female between the two groups);

4. reviewer #4. The major concern #1 now has been included in the text (revised msc., section “Methods”, page 8, lines 17-19) confirming that the placement of a cerebrospinal fluid catheter in TEVAR procedures is reported also by Others and well explained in the English Literature (see reference #12 in our present msc.). With regard to the major criticism #2 reintervention in TEVAR (revised msc., section “Results-TEVAR group, page 11, lines 10-14) and OS group (revised msc. section “results-OS group”, page 12, lines 10-12) has been inserted with the comparison between the groups (revised msc. section “Results-TEVAR group, page 11, line 14, and Table 2 page 25). As suggested by the reviewer (minor concerns 1 and 2) the statement regarding the time-related enrolment of patients has been inserted in the new text (revised msc., section “Discussion-Study limitations”, page 17, line 19) and the symbol of percentage near 30.8 in table 1 has been deleted (revised msc., table 1, page 24);

5. reviewer #5. In order to the comments included in the pdf. attached form no modification has been suggested;

6. reviewer #6. a. the list of reasons to consider TEVAR patients high-risk has been now inserted as suggested by the reviewer (revised msc., section “Methods-TEVAR technique”, page 8, lines 6-9); b. as proposed by the reviewer we have underlined the results in term of late aortic events and survival rate (revised msc. Section “Discussion”, page 16, lines 3-6); c. as reported by the reviewer rupture, malperfusion or impending aortic rupture must be considered indications of aggressive treatment in the “so-called” acute phase and all patients
with these clinical characteristics were considered as “surgical patients”. In order to remove any confusion the correction is now included without any indication of “subacute” phase (revised msc., section “Methods”, page 5, lines 13-16).

7. Finally some language corrections have been performed as requested by reviewers n.3 and 6.

Looking forward to hearing from you on the status of this revised msc.

Sincerely yours

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