Author’s response to reviews

Title: Mediastinoscope-Controlled Parasternal Fenestration of the Pericardium: Definitive Surgical Palliation of Malignant Pericardial Effusion

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Author’s response to reviews: see over
Reviewer 1.

Dear Frank Detterbeck,

Thank you very much for honoring me by finding time to review my manuscript. As the Editorial Team of Journal of Cardiothoracic Surgery requires a point-by-point response to the concerns I do it as follows.

I followed your advice and agree with it I tried to clarify in the revised manuscript the way of patient selection for MCPF. Perhaps the phrase of “randomly allocated” can be misinterpreted but the statement is accurate (however this paper naturally is not a randomized trial). As in the first part of examined period MCPF was performed exclusively by me and my co-author, so the patient selection depended on the consulting and operating thoracic surgeon. In other words patients were randomly allocated to MCPF or another method. In the second part of the examined period we declared that in case of malignant pericardial effusion MCPF is the preferred method. Nevertheless I do not mention the “randomly” or “randomized” word in the revised manuscript to avoid misunderstandings.

I removed the photo of closed incision from the revised manuscript. The only task of this photo was to show the position of chest tube. But I highly agree with you, that it is not relevant and not too essential information for the reader.

I also agree that the survival curve does not require two figures. Let it be said in my defense that I used two kinds of software and I wanted to show both curves. I created one figure instead of two kinds of survival curves in the revised manuscript.

According to your recommendation I tried to shorten the chapter “Results” by removing the non-relevant sentences. My main purposes when writing the paper were to present the method and elucidate the advantages of MCPF for palliation of malignant pericardial effusion. I agree that the outcomes of interest – besides the methodology – are the recurrence, postoperative pain and hospital length of stay.

Thank you once again your valuable and supporting remarks.

Sincerely yours,

Imre Toth
Reviewer 2.

Dear Thomas Kiefer,

Thank you very much for honoring me by finding time to review my manuscript. As the Editorial Team of Journal of Cardiothoracic Surgery requires a point-by-point response to the concerns I do it as follows.

I agree that survival rates do not have as important an interest factor as the proper surgical technique in case of such highly palliative method like this. My main purposes when writing the paper were to present the method and elucidate the advantages of MCPF for palliation of malignant pericardial effusion. On the other hand I would like to assure the reader that the method has no disadvantages concerning survival rate. Nevertheless I followed your advice and agree with it, I shortened this chapter of the manuscript and I created one figure instead of two kinds of survival curves.

As you advised, I have added a photo of the intrapleural situation of the pericardio-pleural window. Simultaneously I have removed the photo of the final situation with closed incision.

I eliminated the sentence “our only task is to operate” because it can be misinterpreted. I highly agree with you that we are not mechanics! I only wanted to express in an unfortunate way my problem that the follow up of our operated patients occurs in different hospitals as we are the regional thoracic surgery center in northern-east Hungary.

Thank you once again your valuable and supporting remarks.

Sincerely yours,

Imre Toth