Author's response to reviews

Title: Administration of palonestron, granisetron, and ramosetron to prevent postoperative nausea and vomiting after laparoscopic gynecologic surgery: A prospective observational trial

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Author's response to reviews:

Tom Rowles PhD
Executive Editor
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I am very pleased and delighted to hear from you again about the result of your respectful review on the manuscript # MS: 6936762101054703 - Administration of palonestron, granisetron, and ramosetron to prevent postoperative nausea and vomiting after laparoscopic gynecologic surgery: A prospective observational trial. We carefully reviewed and discussed about the comments provided by renowned expertise and have made extensive revisions on the manuscript. The list addressing each comment raised by the missing reviewers#3 and the corresponding changes are included below. We look forward to hearing from you soon.

[List of Revisions]

The list addressing each comment raised by the reviewer #3 and the corresponding changes are included below.

[Referee#3]

#1. The numbers appeared in Fig 1 are inconsistent with the numbers discussed in results section. For example, Fig 1 says "125 patients screened for enrollment" while Results section says "105 patients were screened". Fig 1 shows 35 patients in each arm while Results section gives two sets of complete responders for the three arms (27, 28, 29 and 21, 24, 26)

# To this respectful comment, we revised the syntax errors in the manuscript.

#2. It is not clear what is a "complete responder". Given that the primary interest
of this paper is about PONV, I suppose that a complete responder is a patient who has Nausea or Vomiting. But a clear definition should be given here.

# To this proper and respectful comment, we included the definition more clearly in the METHOD section of the manuscript: “A complete response to palonestron, granisetron, and ramosetron was defined as an absence of PONV and no need for further rescue antiemetic drugs.”

#3. It is not clear what tests were used to check difference in the three groups in Results section (3rd paragraph). I can only guess based on the sample size calculation that proportion tests might have been used. However, I suppose that the major outcome, Nausea or Vomiting, can recur for a patient within the specified 48 hours period. So I am not sure how the authors performed the analysis. It depends on how the authors deal with the outcome. Details are required for further assessment.

# To this proper comment, we agree with the Referee’s comment regarding the statistical method used to find the difference between the groups. We have discussed this with our standing statistician staff and the proportion tests used and described in the METHOD section is just and sound. Additionally, we agree with Referee’s concern regarding the recurrence of nausea or vomiting during the study period. We have reviewed our raw data and we made sure that all events on nausea and vomiting have been recorded including those with recurrent events. The data we have presented in the Tables are all of the recorded data including recurrent events.