Author’s response to reviews

Title: Risk scores for predicting dysphagia in critically ill patients after cardiac surgery

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Author’s response to reviews:

Re: Revision for “Risk scores for predicting dysphagia in critically ill patients after cardiac surgery” (BMC Anesthesiology - BANE-D-18-00188)

Dear Editor in Chief Guangde Tu,

We thank you and the reviewers for giving us the opportunity to revise our manuscript. We have carefully studied the comments raised by the reviewers and editors, and revised the paper accordingly. The following are point-by-point responses to the editors’ and reviewers’ comments.

Should you have any questions, please contact us without any hesitation.

We look forward to your favorable decision.
Yours truly,

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Editor Comments:

1. Please provide tables and figures.
   Answer: Thank you for your suggestion. All tables and figures had been provided.

2. "Declarations", "Ethics approval and consent to participate", please make clear if ethics approval was obtained from ethics committee, and if consent to participate obtained from patients?
   Answer: Thank you for your advice. The detailed information had been presented in the Declarations.

3. "Authors' contributions", the last sentence should read as "All authors read and approved the final manuscript".
   Answer: Thank you for your suggestion. The last sentence had been changed.
4. Please provide us the clean final version without tracked changes.

Answer: Thank you for your advice. The final version without tracked changes had been submitted.

Reviewer 1

Comment 1: I thank the authors for the detailed responses. I have a few remaining concerns. In response to my query regarding sample size calculation, the authors note that they estimated a 30-40% incidence of postoperative dysphagia on the basis of preliminary data and reported prevalence. And then they estimated that 25 patients were required to provide 90% power to detect an increase in the incidence of dysphagia from 30% to 60% with a type I error probability of 0.05. But I do not exactly understand what '25 patients' means here (required sample size in this study?). Please present the sample size calculation method used in this prospective cohort study in the text.

Answer: Thank you for your comments. We calculated the average number of each group to be 53 by the freely available estimation software PS 3.0 (Power and Sample Size Calculation). At least 25 patients with dysphagia was were required on the basis of preliminary data. Finally, the number of participants included in our study (103 patients was diagnosed as dysphagia) rather than the number of evaluations. According to the the information about PS 3.0 online, the the sample size calculation formulas as Supplementary Material.

Comment 2: Page 5, line 42 (Background section): " congestive, heart failure" (remove ",")

Answer: Thank you for your comments. We have revised the manuscript to the best of our ability in accordance with your comments. Moreover, Professor Sven Van Poucke, from Ziekenhuis Oost-Limburg is invited to proof-read the manuscript to minimize grammatical and bibliographical errors.

Reviewer 2

Comment 1: Ethics committee, not 'ethical committee' - please also include city, province and country of your institution.
Answer: Thank you for your suggestion. The detailed information have been added into the the part study design (Page 6, line 6-7).

Comment 2: The quality of the English still requires some attention, mostly in the new sections. For example, ""In this study, patients underwent swallowing assessment if they were: i) conscious on admission; ii) had not undergone tracheal intubation on admission; and iii)..."" (page 12, line 26). Please clarify criterion iii, as it does not make sense at present - do you mean gastric intubation? Then, ""Dysphagia was defined as a GUSS score..."" There are several other examples. Did your colleague also review the new text?

Answer: Thank you for your suggestions. Clarify criterion iii was mean that swallowing assessment were evaluated more than 4 hours after tracheal endotracheal intubation. This presentation was added into the manuscript (Page 6, line 11-14). Actually, Professor Sven Van Poucke, from Ziekenhuis Oost-Limburg was invited to proof-read the manuscript to minimize grammatical and bibliographical errors. All authors reviewed and approved the final manuscript, and, if necessary, we would invited an English edit company to proof-read the manuscript.

Comment 3: Please add units to the times quoted on page 14 lines 6 to 12."

Answer: Thank you for your advice. The units had been added into the manuscript.