Author’s response to reviews

Title: Outcomes of General Anesthesia versus Conscious Sedation for Stroke Undergoing Endovascular Treatment: A Meta-analysis

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Author’s response to reviews:

Rebuttal letter

Dear Editors and Reviewers:

Thank you for your letter and the reviewers’ comments concerning our manuscript entitled “Outcomes of General Anesthesia versus Conscious Sedation for Stroke Undergoing Endovascular Treatment: A Meta-analysis”. Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction. The main corrections in the paper and the responds to the reviewers’ comments are as following:

STATISTICAL REVIEWER COMMENTS:

Point 1:

It has been 1 year since the search date. It is advisable that the authors renew their searches to identify newer relevant publications that could be included in their meta-analysis.

Reply 1:

Thanks for your questions. As you suggested, we have renewed our searches to identify newer relevant publications. All published articles were searched through February 2019. Moreover,
another 3 newer relevant publications were included in our study[1-3]. Thus, all results have been updated (Figure 1).

Point 2:

Have the authors tried to identify relevant publications from the grey literature? What is the reason for excluding extracts from this study? Were there any language restrictions for the searches? Please provide a complete search strategy from at least one research database.

Reply 2:

Thanks for your questions. In this study, all published articles were searched without language restricted only in the PubMed, Embase, and Web of Knowledge databases. We did not try to identify relevant publications from other grey literatures. Key words were identified and in various relevant combinations as follows: endovascular OR ‘fibrinolytic agents’ OR thromboembolism OR catheter OR transcatheter OR thrombolysis OR fibrinolysis OR recanalization OR embolectomy OR thrombectomy AND “intracranial embolism” OR thrombosis OR stroke AND “conscious sedation” OR “general anesthesia”. For example, a complete search strategy for PubMed database as following: (((((((((endovascular) OR fibrinolytic agents) OR thromboembolism) OR catheter) OR transcatheter) OR thrombolysis) OR fibrinolysis) OR recanalization) OR embolectomy) OR thrombectomy)) AND (((intracranial embolism) OR thrombosis) OR stroke)) AND ((conscious sedation) OR general anesthesia) (Methods section, line 112-125, page 5).

Point 3:

The manuscript can be improved for sentence formation, language and grammar.

Reply 3:

Thanks for your questions. We revised the English language within our manuscript carefully. Besides, we asked Prof. QingWu Yang for help to revise our manuscript again.

Point 4:

Provide a reference for the I2 value cutoffs in the methods section. It is standard to have cutoffs for low, moderate and high heterogeneity rather than concluding no heterogeneity for I2 values less than 50%.

Reply 4:
Thanks for your questions. As you suggested, we have revised our statement in method section. To determine the degree of heterogeneity among the studies included in our meta-analysis, the I-squared (I²) statistic and the Cochran Q test were used, with I² values exceeding 25%, 50%, and 75% representing low, moderate, and high heterogeneity, respectively [4]. The reference for the I² value cutoffs in the methods section also was listed (Methods section, line 174-182, page 8-9).

Point 5:

Newcastle Ottawa scale was designed to assess the quality of non-randomized studies. It is not suited to evaluate RCTs. I would suggest the authors evaluate the RCTs using Cochrane risk of bias tool.

Reply 5:

Thanks for your questions. As you suggested, we used Cochrane risk of bias tool to evaluate the quality of included RCTs.[5] And we revised the “Quality Assessment” section. The results of quality assessment for RCTs were listed in Table S2 (Methods section, line 159-160, page 8).

References:


