Author’s response to reviews

Title: Hypoxia preconditioning attenuates lung injury after thoracoscopic lobectomy in patients with lung cancer: a prospective randomized controlled trial

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Title: Hypoxia preconditioning attenuates lung injury after thoracoscopic lobectomy in patients with lung cancer: a prospective randomized controlled trial

Authors: Wenjing ZHANG; Mo CHEN; Hongbin LI; Jia YUAN; Jingjing LI; Feixiang WU; Yan ZHANG

Dear Dr. Michalek and Reviewers,

Thank you for your valuable comments for revising and improving our manuscript. We hope the corrections will meet with your approval. The response to your comments are at the following:

Dr. Michalek:

1. BMC Anesthesiology operates a policy of open peer review, which means that you will be able to see the names of the reviewers who provided the reports via the online peer review system. We encourage you to also view the reports there, via the action links on the left-hand side of the page, to see the names of the reviewers.

Response: We really appreciate your policy of open peer review. The advantage of open peer review is that it’s associated with an increase in the quality of reviews. That’s one of the reasons why we choose BMC Anesthesiology and we have viewed the reports there.

Dr. Gil (Reviewer 1):

1. Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting
Dr. Riha (Reviewer 3):
This is a revised version of the original manuscript. The authors dealt with some of the issues raised by reviewers. The manuscript has been improved and some of the issues were clarified, but the text still bears a couple of major limitations.

1. First, using PaO2/FiO2 from two time points only is not very representative for lung injury. The authors in their response admit that some patients were discharged earlier than 7 days after the surgery (which is clear from Table 4), thus what happened to the values from these patients - were collected/analyzed or not?
Response: Thanks for your careful reviewing our manuscript. Few people discharged earlier than 7 days after the surgery. The 7-days values from these patients were not collected.

1. Second, information regarding duration of postoperative mechanical ventilation, extubation in OR or ICU (how long after the end of surgery), early postoperative care, the length of ICU stay etc. is not available, albeit it is extremely important for this type of clinical study; in fact, many of these parameters should be included as secondary outcome parameters.
Response: We appreciate it very much for this good suggestion. Although we focused on postoperative complications, these details should not be neglected. This is our regret that it’s difficult to add relevant data for our inadequate original clinical trial design. Your suggestion is very valuable for our further clinical research.

2. Third, the authors added the description of how HPC was performed (3 cycles for totally 24 minutes) [P6/L117-120]. Information about using intermittent two-lung ventilation when SpO2 <92% despite FiO2 1.0 during OLV should be included in the description of methods.
Response: We are very grateful for your work! It is indeed needful to supplement information about using intermittent two-lung ventilation when SpO2 <92% in the method section. (Methods section, line 118-119, page 6)

We appreciate you and Reviewers’ warm work earnestly and hope that will meet with approval. Once again, thank you very much for your comments and suggestions.

Yours sincerely,
Yan Zhang