Reviewer’s report

**Title:** Comparison of C-MAC D-Blade videolaryngoscope and McCoy laryngoscope efficacy for nasotracheal intubation in simulated cervical spinal injury: a prospective randomized comparative study

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**Reviewer:** Vikas O'Reilly-Shah

**Reviewer's report:**

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Comparison of C-MAC D-Blade videolaryngoscope and McCoy laryngoscope efficacy for nasotracheal intubation in simulated cervical spinal injury: a prospective randomized comparative study

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**Summary:**
This is a well-written report of a prospective trial comparing McCoy laryngoscope vs CMAC for nasotracheal intubation (NTI) and found CMAC yielded faster intubation times, better visualization, and improved chances to encounter no difficulty in NTI. Complications were not different.

**General Comments:**
1. Why was the trial retrospectively registered? This raises some question about the ethics of the trial given the detailed data collection that was performed. It is reassuring that local IRB approval was sought and obtained, and that written informed consent was obtained.
2. Given that this is a prospective randomized trial, likely not appropriate to report statistics on demographic characteristics.
3. Should consider performing Kaplan Meier analyses on times to event rather than using t-test/Mann-Whitney.
4. Unclear why 10 additional seconds of time would be considered clinically significant. More broadly, the Methods indicate that the most important parameters I would want to evaluate for differences (SpO2, failed intubations) were recorded but are unreported in Results.
5. In the abstract and as a limitation of the study, it should be added that this was a study of experienced airway operators. The findings will not apply to those more novitiate in direct laryngoscopy or the CMAC.
Specific Comments:
1. Abstract - Methods should specify this was a prospective trial.
2. P4ln15-16 "... simulated difficult airway with cervical spine immobilization." -- Should be clear that these are real patients and that they were simulated to require cervical spine precautions.
3. P9ln17-19 BMI may have been statistically larger but probably not practically/clinically significant. See also #2 above. This is discussed in the limitations section.
4. P11ln7 - Unclear if this is of practically significant benefit, but agree it is statistically significant using the tests used by the authors.
5. Table 4 - Report percentages as well as raw numbers.
6. I don't know that I agree with reporting mean/SD for parameters that may not be normally distributed. Would assess and report median/interquartile range (25th-75th) for those nonparametric parameters.
7. P10ln13 - Check that the difference is actually 19% (as compared to P12ln17). Think it is 29%

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

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