Author’s response to reviews

Title: Does the revised Intubating Laryngeal Tube (ILTS-D2) perform better than the Intubating Laryngeal Mask (Fastrach)? – A randomised simulation research study

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Author’s response to reviews:

Dear Ana Donnelly, dear reviewers,

thank you very much for your decision! We highly appreciate your assessment.

We responded to the reviewers’ comments as requested. To achieve a better traceability we inserted our answers directly below the reviewers’ comments in square brackets.

We are looking forward to your further assessment of our revision.

Please let us know, if we can give you any further information.

Yours sincerely

For the authors
Thomas Ott

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BANE-D-19-00821
Does the revised Intubating Laryngeal Tube (ILTS-D2) perform better than the Intubating Laryngeal Mask (Fastrach)? – A randomised simulation research study Thomas Ott, M.D.; Katharina Tschöpe, M.D.; Gerrit Toenges, M.Sc.; Holger Buggenhagen, M.D., M.M.E.; Kristin Engelhard, M.D., Ph.D.; Marc Kriege, M.D.
BMC Anesthesiology
Dear Dr. Ott,

Your manuscript "Does the revised Intubating Laryngeal Tube (ILTS-D2) perform better than the Intubating Laryngeal Mask (Fastrach)? – A randomised simulation research study" (BANE-D-19-00821) has been assessed by our reviewers. Based on these reports, and my own assessment as Editor, I am pleased to inform you that it is potentially acceptable for publication in BMC Anesthesiology, once you have carried out some essential revisions suggested by our reviewers.

Their reports, together with any other comments, are below. Please also take a moment to check our website at https://www.editorialmanager.com/bane/ for any additional comments that were saved as attachments.

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Best wishes,

Ana Donnelly
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Reviewer reports:

Reviewer 1: Paper by Ott and colleagues explores an interesting topic related to airway management, with reference to "bridge" function of two supraglottic devices allowing intubation: an "historical" one, with very well-known performances and a new one, evolution of Laryngeal Tube. English is fluent, study design coherent and methodologically correct, statistics well designed. Data are well presented, and iconography is exhaustive. In the discussion section I would suggest to underline the concept that any intubation attempt through supraglottic devices should be performed with fiberoptic control, either to improve fiberoptic technique in a protected setting (ventilation always possible, airway conduit allowing better focusing on instrument control) and to minimize the potential of airway trauma and ventilation worsening in rescue scenarios.

[We thank the reviewer for the judgement. We agree, that fibreoptic intubation is the most reliable technique to ensure a tracheal intubation through the ILTS-D2 as well as the Fastrach. This is as a crucial aspect we explicate especially in the discussion (Page 11, lines 25 – 30). Thus, we deleted the sentence: “Nevertheless, the combination of ILTS-D2 with a fibroptic device for tracheal intubation is dispensable.” (Page 11, line 32 – 35) in order to put an emphasis on your aspect, and therefore changed the last sentence of the paragraph (Page 11, line 37 – 39) into the following phrase as cited in the revised manuscript: “Thus, the ITLS-D2 can be considered a stand-alone device for blind intubation under laboratory conditions, nevertheless fiberoptic control generally is recommendable for tracheal intubation in the context of extraglottic airway devices.”]

I would also reference to evolution of supraglottic devices (i.e. Sorbello M. Evolution of supraglottic airway devices: the Darwinian perspective. Minerva Anestesiol. 2018 Mar; 84(3):297-300. doi: 10.23736/S0375-9393.18.12680-0.) and above all with the concept that supraglottic devices are different in materials and principles, thus showing different behaviors and performances, requiring dedicated skills and training and focused on specific situations and patients (i.e. Sorbello M, Petrini F. Supraglottic Airway Devices: the Search for the Best Insertion Technique or the Time to Change Our Point of View? Turk J Anaesthesiol Reanim. 2017 Apr;45(2):76-82.).
[We agree with the reviewer. Airway management concerning supraglottic airway devices compass a plethora of medical, technical and situational aspects. Application of airway instruments is a matter of technical issue like quality of product processing itself, materials used, insertion technique and general aspects like experience of the provider. As a gist of the present study, we focussed on the inexperienced provider and its practical usage. So, we added this aspect in the discussion (Page 12, lines 10 – 13) with the particular reference.]

Reviewer 2: PEER REVIEWER ASSESSMENTS:

OBJECTIVE - Full research articles: is there a clear objective that addresses a testable research question(s) (brief or other article types: is there a clear objective)?
Yes - there is a clear objective

DESIGN - Is the current approach (including controls and analysis protocols) appropriate for the objective?
No - there are minor issues

EXECUTION - Are the experiments and analyses performed with technical rigor to allow confidence in the results?
Yes - experiments and analyses were performed appropriately

STATISTICS - Is the use of statistics in the manuscript appropriate?
Yes - appropriate statistical analyses have been used in the study

INTERPRETATION - Is the current interpretation/discussion of the results reasonable and not overstated?
Yes - the author's interpretation is reasonable

OVERALL MANUSCRIPT POTENTIAL - Is the current version of this work technically sound? If not, can revisions be made to make the work technically sound?
Yes - current version is technically sound

PEER REVIEWER COMMENTS:

GENERAL COMMENTS:
The study seems to be a proper evaluation of a new airway device. The authors have executed the randomized clinical trial in a satisfactory manner for the most part.
I have only one reservation about the authors reporting blinding of participants in a study that is dealing with airway devices. This is just not possible, given the nature of the study. How could the authors possibly blind the participants, since they would have signed the informed consent form which would have stated the names of the two devices? And then, when they are given these one of these two devices, they really cannot be blinded.

[We thank the reviewer for the judgement.
We totally agree, that blinding in this context is not possible. Our surprising experience was, that several students were not aware which of the two devices they applied in the study they have participated. This was witnessed only in those without any additional experience like]
anaesthesiology electives or clerkships or any other professional experience except for medical school. This is kind of frightening albeit interesting. Unfortunately we did not protocol theses incidence of ignorance. To duct this aspect to a comprehensible level, we changed the paragraph (Page 8, lines 34 – 39) and deleted useless information.

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