Author’s response to reviews

Title: Comparison of videolaryngoscopy and direct laryngoscopy by German paramedics during out-of-hospital cardiopulmonary resuscitation. An observational prospective study.

Authors:

Joachim Risse (joachim.risse@uk-essen.de)
Christian Volberg (christian.volberg@med.uni-marburg.de)
Thomas Kratz (thkratz21@gmail.com)
Birgit Plöger (birgit.ploeger@med.uni-marburg.de)
Andreas Jerrentrup (andreas.jerrentrup@med.uni-marburg.de)
Dirk Pabst (dirk.pabst@uk-essen.de)
Clemens Kill (clemens.kill@uk-essen.de)

Version: 2 Date: 05 Feb 2020

Author’s response to reviews:

EMMD-D-19-00180 BMC Emergency Medicine

Comparison of videolaryngoscopy and direct laryngoscopy by German paramedics during out-of-hospital cardiopulmonary resuscitation. An observational prospective study.

Joachim Risse; Christian Volberg; Thomas Kratz, MD; Birgit Ploeger, MD; Andreas Jerrentrup, MD; Dirk Pabst, MD; Clemens Kill, MD

Letter to the Editor

Richard Neville Bradley, M.D.

BMC Emergency Medicine

Dear Richard Neville Bradley,

thank you very much for the opportunity to resubmit our manuscript. We are pleased that our manuscript is potentially acceptable for publication in BMC Emergency Medicine. Enclosed please find the revised manuscript and accompanied by a point-to-point reply to the Editor’s and the reviewers’ comments and suggestions.
Thank you very much once again for your efforts improving our manuscript. If questions remain please do not hesitate to contact us immediately.

Yours sincerely,

Best wishes

Joachim Risse, MD

On behalf of the authors

Authors’ reply, Second Revision of manuscript EMMD-D-19-00180

Reviewer reports and Editor’s comments Second Review

Jeffrey Jarvis (Reviewer 1): I thank the authors for their responses and revisions to their manuscript. The document is much improved. The additions are helpful in clarifying the methods used and limitations are more clearly disclosed.

I remain unconvinced by the author's argument about using glottic visualization as the primary endpoint with the more clinically relevant intubation success as the secondary. I will leave this to the discretion of the editor.

Minor issues:

Abstract lines 4 -5. "The goal was to _show_ the benefit…"

I don't think this is the word you are looking for. It implies you are trying to prove your prior belief that VL has a benefit, thus getting the scientific method backward. I'm sure this is a translation issue. I would suggest something like:

"the goal was to "evaluate the impact VL compared with DL on intubation success and glottic view during CPR performed by German paramedics".

Thank you again for your responsiveness.

Dear Jeffrey Jarvis,

first of all we thank you so much for your help to improve our manuscript so well. We also thank you for your different point of view about using glottic visualization as the primary endpoint
with the more clinically relevant intubation success as the secondary. Different point of views make science interactive and lively. It is so important to exchange our arguments.

@Minor issues: Thank You for your suggestion. We apologize for the misleading description. You are absolutely right, “Impact” is the word we should use. We made the changes in the text as suggested:

Page 3 lines 4-6: The goal was to evaluate the impact VL compared with DL on intubation success and glottic view during CPR performed by German paramedics.

Page 6 line 13: We investigated the impact of using videolaryngoscopy (VL) instead of direct laryngoscopy (DL) by paramedics in out-of-hospital cardiac arrest before arrival of the emergency physician on scene in a semi-rural county in Germany.

Thank You for reviewing the manuscript again and we appreciated all the good advices positive and constructive criticism.

Yours sincerely
Joachim Risse

All changes in the text are marked.

Sarah Voss, BSc (Hons), PhD (Reviewer 2): Thank you and the majority of my comments have been addressed satisfactorily.

There are a couple of outstanding points.

Dear Sarah Voss,

Thank you for reviewing our manuscript again. We are pleased that we have answered most of your comments satisfactorily. Thank you very much for all your suggestions and comments and the positive criticism, therefore we were able to improve our manuscript so much.

Thank you for the great input. We apologize for the misleading description in this Context. With regard to the new updated recommendations of the ILCOR we deleted the sentence and replaced it with a new one with reference to the current literature.

page 5 lines 17-22

Current updated international recommendations for advanced airway management from the International Liaison Committee on Resuscitation (ILCOR) suggest supraglottic devices for adults with Out-of-hospital cardiac arrest (OHCA) in settings with a low intubation success rate. The American Heart Association AHA and the European Resuscitation Council ERC recommend ETI as the gold standard for securing the airway by trained rescuers in patients undergoing CPR.

There remains a reference in the manuscript to 'less experienced paramedics' which is confusing.

We apologize that there was still a reference in the text to 'less experienced paramedics'. We checked all references again and we deleted the reference. Thank You for the good advice.

page 13 line 6

less experienced paramedics from single EMS area.

Thank You again for your time reviewing the manuscript. We appreciated all the good advices positive and constructive criticism for our manuscript.

Yours sincerely

Joachim Risse

All changes in the text are marked.