Author’s response to reviews

Title: Intravenous to oral antibiotic switch therapy: a cross-sectional study in critical care units

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We answered all questions of referee.

Answers to Reviewer reports:

This is an extremely important issue: please take care to correct ALL English and linguistic issues throughout, including selection of words, phrasing and quality of narration. It is strongly recommended to proceed with this action, before further steps are taken with the manuscript, as it currently impedes proper assessment of the manuscript and its scientific content.

ANSWER: We sent for english review (EDITAGE).
Line 48 and throughout manuscript: as only the IV-PO switch is mentioned and assessed, it’s suggested to replace the phrase “stewardship program” with “stewardship intervention”.

ANSWER: We replaced the term according with context.

Line 56: as mentioned at this point, I’d suggest changing the name of the “no intervention” group to “no oral switch” group.

ANSWER: We replaced the term as suggested.

Line 120: was primary outcome the overall mortality, or 30-day mortality (as stated in the abstract)?

ANSWER: We replaced the term 30 days to overall in the abstract.

Line 125-139 & Table 1: it’s better to keep inclusion-exclusion criteria either in text, or in table, instead of duplicating.

ANSWER: The text has the most important, and other minor exclusion criteria are detailed in the table 1. We included this observation in the text to justify the table 1.

Line 173: please define which other interventions were included in this strategy.

ANSWER: We included some examples of other interventions.

Line 175-178: please define duration of therapy for all infections (incl. septic shock).

ANSWER: There is no defined duration of therapy in the most important infections. You can read the guidelines of several societies of infectious diseases, and it is a consensus that we cannot establish a fixed duration. In our institutions we follow all IDSA guidelines that we cited in the text (ref 8, 9, 10). All of them are clinically guided. Most informations about durations are included in the hospital protocol cited in the text as www.atbhuc.goodbarber.com. There are more than 30 infections and we do not believe that would be interest to cite the duration of each one in the manuscript. Thus, we included the site of our institution for antibiotic and suggested duration treatment. We included again in this part of the text the site for reference to all infections.
Results section: please rephrase and fragment the section accordingly, in order to shorten this part and add clarity. Mentioning AKI rate in a random sentence seems irrelevant at this point.

ANSWER: We shortened and rephrased the results.

Line 282: authors mention that “The severity of critical illness of the patients ascertained by the APACHE score (p = 0.061) and SOFA score (p = 0.112) were similar between the groups”. This seems confusing, as in Table 2, the APACHE score was among the few factors with statistically significant difference between the two groups. This also supports the notion that the patients within the Oral switch group were less severely ill.

ANSWER: You are right. We included the result of the multivariable analysis after this phrase, because after excluding confusion variables, the difference was statistically significant.

Lines 333-348: this paragraph can be shortened.

ANSWER: We shortened the paragraph.

Line 380: this was not mentioned as a quasi experimental study and as noted by previous reviewers, randomization would not be possible, please correct wording.

ANSWER: OK.

Lines 380-395: limitations mentioned are correct, however please rewrite to better convey the meaning.

ANSWER: OK.