Author’s response to reviews

Title: Real life management of Community-Acquired Pneumonia in adults in the Gulf region and comparison with practice guidelines: a prospective study

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Reply to reviewers

MS: 1397653338158772 “Real life management of Community-Acquired Pneumonia in adults in the Gulf region and comparison with practice guidelines: a prospective study”

Reviewer 1:
MAJOR COMMENTS
1. Rewrite responses to delineate reviewers’ comments from responses of authors #1 and #2. Any response of merely "amended" should have a specific answer to the comment.

Response:

We hope that the current presentation is clear.

2. Mortality should be reviewed for all patients and added. The information would be used to determine the type of population being assessed and would be used to compare to other readers’ patients. Furthermore, it is impossible to say that all patients’ “treatment was successful” if they died in the hospital. It is implied that all patients lived in the discussion of "successful treatment", but regarding Reviewer #1 comment about 117 patients in RC IV and V, the discussion should explain how none of these high risk patients died.

Response:

In fact, an important point was missing from the description of patient inclusion in the previous version of the manuscript. This is that only patients who were DISCHARGED from the hospital were included. Thus, patients who died during hospitalisation are de facto excluded from the study and we have no information on how many patients did die during hospitalisation. No patients died between hospital discharge and the end of follow-up. Moreover, any patient requiring treatment in an ICU was excluded from the study. This has now been specified in the Abstract (lines 37-38), the Methods (lines 101-102 and line 124) and a comment has been added to the Discussion (lines 379-380, 385-338 and 393-394). The outcomes related to “treatment success” are also clarified in the results section and in the discussion section (lines 314-316).

3. Regarding responses to Reviewer #2...

Comment #5 needs more thoroughly explained in text.

Response:

This section of the Methods has been expanded (Lines 90-97); information has been added on the type of participating hospitals, their distribution in the participating countries and on the treatment guidelines that they were expected to follow.
Comment #9 response mentions no patients were excluded, yet patients with risk class 1 were excluded. Any others?

Response:

In addition to risk class 1, the other exclusion criteria have been added to the methods section (lines 115-123): Patients participating in another clinical trial, patients included in the study on a previous occasion, patients with risk class 1, patients requiring treatment in an ICU, patients previously hospitalised for any reason within 15 days prior to the current hospitalisation, patients with lung cancer, proven tuberculosis or HIV. During the course of the study, none of the eligible and included patients were lost to follow-up.

Comment #22 – the Discussion still needs to be revised so that there is one point per paragraph.

Response:

This has been addressed. One point is now discussed by paragraph. We have also tried to streamline the order of the paragraphs.

MINOR COMMENTS:
1. Reviewer 2, Comment #10 – It should be mentioned that fever and leukocytosis were not part of the switch criteria.

Response:

This has been mentioned in the methods section (line 156).

2. Line 263 should be “instruments” [plural]

Response:

This has been corrected (line 265).
Reviewer 2:
Overall, the authors responses to the comments are very well.

The only thing that I am still not convinced with is the sample size form countries other than UAE. Although this has been mentioned in the limitation part, I think this need to be explained more. Other than that the authors did a great job for this version.

Response:
This section has been expanded (lines 402-414). Potential reasons include demographic differences between participating countries, the federal nature of the state in the UAE which has led to implantation of large hospitals in all parts of the country, and possible competition for patients from a related observational study performed in Oman at the same time.