Author’s response to reviews

Title: Indwelling pleural catheters for malignancy-associated pleural effusion: report on a single centre’s ten years of experience

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Version: 3 Date: 20 Oct 2019

Author’s response to reviews:

Dear Mrs Melidoni,

dear Sirs,

thank you for considering our work for publication in BMC Pulmonary Medicine.

We have made the required esential statements as following:

1. Change of authorship form: We already have sent this request form in August concomittantly with the point-by-point reply of our second revision, but maybe you did not receive it. Therefore, I have sent it again as requested to BMCSeriesEditorial@biomedcentral.com.

2. Consent: Patient’s written informed consent was obtained within the treatment contract as IPC insertion was performed as standard of care.
3. Authors' contributions: NF, the manuscript's guarantor, designed the study and assembled the data set. All authors contributed to the interpretation of the data. NF, MB and MW organized the drafting of the manuscript. All authors made substantial revisions of the manuscript and approved the submitted version. All authors have agreed both to be personally accountable for the author's own contributions and to ensure that questions related to the accuracy or integrity of any part of the work, even ones in which the author was not personally involved, are appropriately investigated, resolved, and the resolution documented in the literature.

4. Conclusions: A 'conclusion' section has just been added after the discussion: The current investigation provides a large single-centre case series with IPC in malignant diseases with a strong focus on underrepresented gynaecologic cancer in this setting until now. Our study strengthens the estimation of IPC as a feasible first-line option in the management of recurrent pleural effusion – efficient in symptom relief and with a favourable safety profile in daily routine. The observed higher rates of mechanical complications in men as compared to women warrant further investigation. With an appropriate patient education and the help of specialized nursing teams, rates of infectious complications are low, even in a long-term setting.

5. Cite: NA

6. Clean Manuscript: The manuscript has been uploaded in a clean version.

7. Cover Letter: has been removed.

On behalf of all co-authors and

Sincerely

Nikolaj Frost