Author’s response to reviews

Title: Asthma and treatment with inhaled corticosteroids: associations with hospitalisations with pneumonia

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Author’s response to reviews:

Dear Editor

Thank you for you and your reviewer’s comments on our manuscript: PULM-D-19-00186R1 "Asthma and treatment with inhaled corticosteroids: associations with hospitalisations with pneumonia "
REQUESTED REVISIONS:
In abstract the sentence "Asthmatics taking continuous treatment ...." is a bit confusing in the sense that I don't know if you are comparing asthmatics with fluticasone propionate to asthmatics without, or if you are comparing to anyone (asthmatics and non-asthmatics). In a way I think the first analysis makes more sense but at least be clear (specify comparison group in sentence).

A: Yes the comparison was with asthmatics not using fluticasone propionate. This has now been added in the abstract.

I would be more precise in how you refer to certain statistics. I went to reference 13 (the Cochrane review of fluticasone and budesonide) for instance and instead of saying "statistically significant increased risk" and "borderline increased risk" (as you do lines 38-40), I would switch to something like "... had high quality evidence that fluticasone increased pneumonia events by 18 more per 1000 treated over 18 months, but there was less evidence for budesonide, with six more per 1000 treated over nine months"

A: An excellent suggestion. We changed our text according to this suggestion.

Similarly, another reviewer pointed out your use of "borderline statistical association" for a p-value of 0.07, I would simplify that even more (page 7 line 35) and just compare ICS of 6 to ICS of 0. Put the confidence interval (0.92, 6.68) in and don't mention if it is significant or not, and readers can draw their own conclusions about how good this evidence is.

A: We have followed this suggestion (second last paragraph in the results)

For ICS why did you divide into the three categories of 0, 1-5, and 6, because, for instance, 1-5 seems to be protective and 6 a risk factor? Is it based on the distribution of data - in which case it could be helpful to have case counts in Table 1.

A: The reason for this is that we wanted to have three categories: non-users, intermittent users and continuous users. With this in mind this is the only possible categorization. The number of subjects in each group is presented in table 3.

Thank you once again for these valuable comments and for the chance of improving our manuscript

Yours sincerely on behalf of all the authors

Christer Janson