Reviewer’s report

Title: Association of pelvic fracture patterns, pelvic binder use and arterial angio-embolization with transfusion requirements and mortality rates. A 7-year retrospective cohort study.

Version: 0 Date: 16 Jul 2017

Reviewer: Zsolt Balogh

Reviewer's report:

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Dear Authors,

This study has several major flaws and some questionable management strategies.

The most important and uncorrectable flaw is that one group had prospective identification and data collection and realtime influence on pelvic fracture management while the other purely retrospective.

We know anything we measure it gets better. That is why the second group does better not because the pelvic binder. There is no reason why the pelvic binder would decrease LOS. Hospital strategies on discharge prioritising could have changed during the study period.

We do not know what was the average time to binder application in both groups? How long did it take in the first group to identify the fracture and act upon?

I am concerned why pelvic binder stayed on patients so long (over 2 days). What is the rationale to exfix patients 2-4 days after injury (unless those all were for definitive management with exfix). It is also concerning that these pelvic ring injuries had very delayed ORIF, surprising that they still had a relatively low LOS.

I think the conclusions are over enthusiastic. This paper does not show that pelvic binder improves outcomes. It shows that prospective awareness and optimising attempts of any injury will work.
The manuscript is much longer than it should be, many parts in introduction, methods, discussion are extremely wordy and not relevant to the actual message. The authors are not supposed to write a book chapter on pelvic fracture management. Still the references are rather selective and incomplete, key publications on pelvic binder efficiency are missed.

More importantly: In most developed trauma systems/prehospital care providers include pelvic binder application prehospitaly, evaluation how it does when selectively applied in hospital has a limited value in 2017.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

No

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

No

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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