Author's response to reviews

Title: Early Goal-Directed Therapy in the Management of Severe Sepsis or Septic Shock in Adults: A Meta-analysis of Randomized Control Trails

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Author's response to reviews: see over
Reviewer: Andrew Rhodes

Comments:
The authors have addressed my concerns. The only residual question remaining for me is the omission of the Jansen lactate clearance paper that I suspect should be included.

Reply: Thanks for your useful comments. Although Jansen’s study (Early lactate-guided therapy in intensive care unit patients: a multicenter, open-label, randomized controlled trial. Am J Respir Crit Care Med 2010 Sep; 182 (6):752-61.), suggested that early lactate-guided therapy significantly reduced hospital mortality, many non-septic patents (61.2%) were included in this study, so it was not included in this meta-analysis.

We have added some comments on that point in discussion:
“A recent multicenter RCT also reported early lactate-guided therapy significantly reduced hospital mortality in critical illness patients with hyperlactatemia; however, it was not included in the meta-analysis because of non-sepsis patients were also enrolled in the study.”

Reviewer: Qi Zhou

Comments:
I recommended using forest plot to represent entire content of table 3, not for each of the sensitivity analysis. In that figure, with placing reference vertical lines at value of “0” and “1”, readers could easily sight the direction and the significance of the effects reported in MDs and RRs for various situations. However, I respect author’s final decision on this matter.

Reply: Thanks for your useful comments. We are sorry for the misunderstanding. In table 3, the secondary outcomes include MDs and RRs, which need different ways to express the significance (MD for “0”, and RR for “1”). So we are sorry to say that we find it difficult to draw a figure to summarize all the secondary outcomes in one
figure, and we also need help for the software to deal with it. Under your agreement, we would like to use the table for the secondary outcomes.