Author's response to reviews

Title: Impact of smoking on early clinical outcomes in patients undergoing coronary artery bypass grafting surgery

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Author's response to reviews: see over
Dear editors:

We would like to express our gratitude for the comments and suggestions, which have greatly helped towards the improvement of the manuscript. The manuscript has been modified accordingly. We also responded point by point to the reviewer’s comments as listed below (page 2-3), along with a clear indication (highlighted in bold red text) in the revised manuscript.

Hope these will make it more acceptable for publication.

Sincerely yours

YunQing Mei, Qiang Ji
Response point by point to reviewer’s comments:

1. There are a few unfamiliar expressions. The whole paper should be proofread again by an English native specialist.
   
   R: We have made changes as suggested in the revised manuscript.

2. The authors states that in patients in whom the location or the quality of the target vessels and the preoperative characteristics (for example, large left ventricle) was considered to make off-pump revascularization technically too challenging, on-pump CABG was scheduled. The marker for grade of severity of the disease, such as SYNTAX Score, should be taken into account.
   
   R: We have made changes as suggested in the revised manuscript. (see also "SYNTAX score " in "Table 1" in the revised manuscript)

3. The authors states that postoperative respiratory failure was defined as the duration of mechanical ventilation more than 48 hours or re-intubation following surgery. Can you give the references? In some reports, postoperative respiratory failure was defined as the duration of mechanical ventilation more than 72 hours or re-intubation following surgery.
   
   R: With reference to previous literature (Gupta H, Gupta PK, Fang X, Miller WJ, Cemaj S, Forse RA, Morrow LE: Development and validation of a risk calculator predicting postoperative respiratory failure. Chest 2011; 140: 1207-1215), postoperative respiratory failure was defined as the duration of mechanical ventilation more than 48 hours after surgery or unplanned re-intubation within 30 days of surgery in this study. Although some previous reports defined postoperative respiratory failure
as requiring mechanical ventilation > 72h or re-intubation following surgery, this study defined postoperative respiratory failure as requiring mechanical ventilation > 48h or re-intubation following surgery in view of the majority of included patients undergoing off-pump CABG.

4. The authors states that smoking had an independent influence on the development of postoperative pulmonary complications (OR=1.92, 95%CI 1.08-3.64), and the risk of postoperative pulmonary complications in persistent smokers was 2.41 times than that in non-smokers, whereas the risk of postoperative pulmonary complications in those smokers with smoking cessation over 1 month before CABG was similar to non-smokers. The use of cardiopulmonary bypass may increase postoperative pulmonary complications. Authors’ conclusions should consider the difference between CABG with cardiopulmonary and CABG without cardiopulmonary.

R: In this study, the influence of confounding factors (for example, use of cardiopulmonary bypass or not) can be eliminated by multivariate logistic regression analysis.