Author's response to reviews

Title: Hybrid Coronary Revascularization versus Coronary Artery Bypass Grafting for Multivessel Coronary Artery Disease: Systematic Review and Meta-analysis

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Dear Editors:

Thank you for your review of our manuscript (ID: 1045703302145165). We appreciate the concerns and suggestions provided by the reviewers, and have revised our manuscript accordingly. At this time, we have re-submitted the revised MS through the Author Center, and we hope to have an opportunity to publish this paper in #Journal of Cardiothoracic Surgery#.

Please find the revised MS for your approval. In addition, a revised MS with corrected sections marked in red is attached as part of the supplemental material for easier editing and review purposes. Thank you for your re-consideration of our manuscript and we are looking forward to your favorable decision.

Sincerely yours,

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The following is a point-to-point response to the two reviewers’ comments:

Reviewer 1:
1# Minor grammatical errors, tables include first names not last names of some of the authors of the studies mentioned. The surgical technique of hybrid revascularization although mentioned in tables should be included in text so
readers have understanding of how many minimally invasive HCR cases were performed compared to standard sternotomy approach.

Response: Thank you for the comments on the paper. We have revised the manuscript as suggested since we consider that some sentences or figures are not so accurate.

Reviewer 2:
1#The authors identified ten studies in this analysis from 2007 to 2012. To the reviewer’s knowledge, cases reported about HCR during this period was relatively small, and there are several other studies published in recent two years which may be eligible for the inclusion of studies. The authors need to include more data for this analysis.

Response: Thank you for the comments. Firstly, we have recognized that some studies were published in recent two year, such as <One-Stop Hybrid Coronary Revascularization Versus Coronary Artery Bypass Grafting and Percutaneous Coronary Intervention for the Treatment of Multivessel Coronary Artery Disease> by Shen et al, and it was our mistake that we did not include all the powerful evidences until now . Secondly, recently a similar meta-analysis < Clinical outcomes after hybrid coronary revascularization versus coronary artery bypass surgery: a meta-analysis of 1,190 patients > by Harskamp et al was published in <American Heart Journal>, and the conclusions of our study was quite similar to those of this study. Besides, most studies included in this study was part of ten studies in our analysis. Therefore, we assume that our evidence may be as powerful as this meta-analysis.

2# For the limited data in this article, the authors did not undertake a meta-analysis on the prevalence of TVR. The reviewer suggests the authors include more data to complete the meta-analysis on the prevalence of TVR.

Response: Your suggestion is greatly appreciated. As for the prevalence of TVR during the hospitalization, we could not undertake a meta-analysis because no event occurred in both groups in the four studies (Figure 2D). However, we make a meta-analysis on the prevalence of TVR at one year of follow-up (Figure 3D).