Author’s response to reviews

Title: Survival and Associated Risk Factors in Patients with Diabetes and Amputations Caused by Infectious Foot Gangrene

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Author’s response to reviews:

Dear Editor:

We thank the comments of the reviewers. All the criticisms and recommendations have been taken into account in the revised paper. We think the paper quality has thus been improved. Below is a summary of the comments from the reviewer (in Boldface) and our revisions.

Reviewer #1:

Dear Authors

Thank you for your manuscript which is an informative retrospective study, providing an interesting read in relation to survival rates in patients with diabetes and amputations caused by infectious foot gangrene.

Within the write up of your findings I feel you make some bold claims which cannot be backed up from your data due to lack of statistical significance and the need for more in depth data especially in relation to ABI remarks made. You have mentioned that patients with a normal ABI should have limb preservation, however research has identified that there are inaccuracies with ABI readings. As well as this perhaps the fact that the patient has gangrene with a normal ABI
would indicate that further vascular examinations are needed before this course of action is taken.

Page 4, Line 13 - Personally I would try to avoid the term 'diabetic patients' and use the more politically correct term 'patients with diabetes', I would be inclined to amend this throughout.

Answer: We have changed this term in the revised version, accordingly.

Page 4, Line 17 - Change to peripheral arterial disease

Answer: We have changed this term in the revised version.

Page 4, line 17 - you have said that gangrene is due to PAD and subsequently explain on the next sentence that it is due to CLI, some clarity needed on this.

Answer: We have rewritten the paragraph in the revised version.

Have you some justification as to why survival time was calculated until 31 Dec 2012. You mention some rationale for this in you results section however you just need to articulate this in the methods section. Remember that if you are looking at a ten year observation period for each patient this will only apply for those you have included from 2002. More explanation needed on this. You also mention a 5 year survival rate, can this apply to those who received diagnosis of gangrene in 2009.

Answer:

To the best of our knowledge, time-to-event is a clinical course duration variable for each subject having a beginning and an end anywhere along the time line of the study. For example, it may begin when the subject is enrolled into a study, and ends when the end-point (event of interest) is reached or the subject is censored from the study. Censoring means the total survival time for that subject cannot be accurately determined; which can happen when negative event for this study. Thank you for your suggestion.

In “Statistics method” of this revised version, we have addressed the Kaplan-Meier method to estimate the survival probability for differing survival times (times to event). (page 7, line 1-4).

To make it clear, we have deleted the expression of “10-year observation period" in the results section (page 8, line 10-14).
On page 9 line 1-7 - you begin to discuss why patients with minor LEAs and major LEAs have differing hospital stays, it is best to leave this to the discussion section and back this up with supporting references. The reason you have included for this is also a very large assumption and needs some elaboration. Grammar also needs revised in this section.

Answer: This paragraph has been changed in the revised version in the results section (page 9, line 7-14) and discussion section (page 11, line 4-14)

Can I suggest that the first paragraph of your discussion section is reworded, this is hard to follow. I would also be interested to know if there has been any more recent research carried out that may support your findings. The last study that you have included regarding survival rates is 2012.

Answer: The 1st paragraph of discussion have been rewritten and updated references have been added.

Page 10, line 1 - what do you mean by high level LEA, if you are talking about major amputations just use this terminology and don't change this throughout as readers may get confused.

Answer: We have changed the term in the revised version.

An interesting discussion backed up with supporting research.

Page 10, line 49, you explain why preservation is challenging, have you any references to back up this assumption. What do you mean by the clinical course?

Answer: We have elaborated in the revised discussion (page 11, line 1-11)

Elaboration needed on page 10, line 55-56 in relation to hesitation in performing majors LEA, any references to back this up.

Answer: We have given more details in the revised version (page 11, line 14-17)

Limitations noted and further studies identified.
In your concluding paragraph I would be inclined to conclude on what your study has identified in relation to survival rates and not mention about ABI as this statement is not accurate.

Answer: We have deleted the statement regarding ABI in the conclusion.

Reviewer #2: Excellent paper - very interesting study. Well written.
I have struggled to suggest any amendments!

Answer: Thank you very much for the positive comments.

Sincerely yours,

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