Author’s response to reviews

Title: Safety and effectiveness of a low-dose amikacin in nontuberculous mycobacterial pulmonary disease

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Author’s response to reviews:

Dear Assistant Editor:

We would like to thank the comments you have made to our manuscript. We have modified the text as you suggested as follow:

1. Overlap

We note that the current submission contains some textual overlap with other previously published works, in particular:


This overlap mainly exists in the methods, results and discussion section of your manuscript. The largest areas of concern are the results and discussion.

Please re-phrase these sections to minimise overlap.

Specifically;

Page 10 lines 217-226
While we understand that this is work that you have previously published, and some of the same ideas are contained in these publications, please be aware that we cannot condone the use of text from previously published work.

Lines 217-226 and lines 327-343 have been re-phrased as follow:

Lines 217-226: Sixty-five (67.7%) of the 96 patients who received a first course of amikacin for ≥3 months experienced improvement in their symptoms after starting amikacin and 31 (45.6%) out of 68 patients who had a previous positive sputum culture before starting amikacin and follow up sputum after amikacin initiation converted their sputum within a year following the initiation of amikacin. Twenty-six patients experienced persistent culture conversion for more than 6 months. None of the 15 patients who received a recurrent (second or third) course of amikacin for ≥3 months and who had a positive culture before starting amikacin achieved sputum culture conversion.

Lines 327-343

Our study has several limitations. First, some of the adverse effects attributed to amikacin may be associated to other of the multiple accompanying antibiotics that patients received for the treatment of NTM-PD. However, we only reported those adverse effects that were thought to be related to amikacin at the time of the visit. Second, the study was conducted retrospectively, so information about clinical symptoms and adverse effects were not collected in a standardized fashion. This is particularly relevant in that not all patients had audiograms performed. Although we recommend baseline and routine follow-up audiometry for all amikacin-treated patient, patients with more risk factors or subjective symptoms of ototoxicity may have been more adherent to this recommendation. Accordingly, the risk of ototoxicity may be overestimated. Third, there may have been differences in treatment decisions between early and recent patients during the long time period of our study. However, as noted above however, the ATS/IDSA guidelines did not significantly change with respect to amikacin dosing recommendations during our study period. Likewise our approach did not significantly change, typically following a lower dose strategy because of our patients’ age range and strong aversion to the risk of ototoxicity as well as the high rates of recurrence of NTM lung disease with the potential need for retreatment with amikacin.

Please ensure to summarize the methods and cite the source. Please make sure the following paper is cited:

The clinical and microbiological outcomes in the methods section has been summarize as follows: Criteria for clinical outcomes and culture conversion has been previously defined. The paper mentioned above has also been cited.

Please let us know if the methods section should be summarize further.