

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Anesthesiology*

**Manuscript NO:** 65502

**Title:** Pre-formed endotracheal tube and stepwise insertion for more successful intubation with video laryngoscopy

**Reviewer's code:** 03342506

**Position:** Peer Reviewer

**Academic degree:** MD, MSc

**Professional title:** Professor

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** United Arab Emirates

**Manuscript submission date:** 2021-03-08

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-04-28 12:46

**Reviewer performed review:** 2021-05-03 13:35

**Review time:** 5 Days

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

The authors present the description of a technique for Video Laryngoscopy (VL) assisted intubation employing a “pre-formed” endotracheal tube (ETT), in a two-phase mixed methods study. The following major and minor issues need to be addressed prior to publication in the journal: Major - The conclusions drawn by the authors are overly ambitious given the methodology used in the study. Although the described technique is somewhat novel and may be of practical use the following weaknesses must be addressed: o The two-phased format, 1) mannequin trial, followed by 2) retrospective analysis is incorrect, and should be two separate manuscripts. o The authors conclude that their novel technique is more successful for intubation with VL in clinical practice, the conclusion is not supported by the data and needs to be corrected. A prospective clinical trial should be performed comparing preformed vs conventional ETT in VL, before any conclusions about the clinical benefit of this technique to be made. o The mannequin trial methodology is not well described. Were the subjects randomized to two different ETT? In what sequence were the two techniques used? How were the subjects trained in the new and old technique? What is the skill/experience of performers? Randomized cross-over design would be appropriate. Was this done? o The photos do not adequately represent the technique. You need to provide a video file comparing the two techniques so that the readers can properly understand potential benefits and risks o The term “torque” is not defined in the abstract, most clinicians are not familiar with it, and the clinical consequences are not known. Please provide reference and justification for using “torque” as an endpoint for the mannequin study o , however, this conclusion can only be based on the small sample from the mannequin trial where VL intubation with a standard EET is compared to VL intubation with the “pre-formed” ETT (Table 1). This should be the only focus of this study, and thus Tthe

conclusions made cannot be extrapolated to clinical practice. o VL is indicated in anticipated difficult and/or emergent airway management where time to successfully intubation is of the essence. The “pre-formed” technique described is slower compared to convention ETT VL intubation and thus puts into question whether this technique is of real-world benefit in clinical practice. o The comparison of VL to direct laryngoscopy (DL) in the retrospective analysis is incorrectinappropriate and should be downplayed. The Adequate comparison should remain limited tobe between VL with standard ETT versus VL with “pre-formed” ETT. o The authors correctly state that the study is neither randomized nor blinded, however, the retrospective nature of the study is problematic. This section is of little value due to incorrect comparison groups and the presence of many confounding variables. o A prospective clinical trial should have been performed comparing this technique only in VL, for any conclusions about the clinical benefit of this technique to be made. o Paragraph 4 of the introduction should be in the methods section. o Paragraph 2 of the statistics section is concerning a retrospective analysis cannot be compared to a prospective randomized clinical trial. o In paragraph 3 of the discussion, the authors cited a trial by Aziz et al and ‘laryngeal view’ in VL versus DL. This is of little value as ‘laryngeal view’ was not a metric in the present study. o Numerous English grammar and typographical errors are present. Minor o The use of the term ‘preformed’ may be confused for a typographical error; it should be changed to ‘pre-formed’ and used consistently throughout the manuscript. o The use of abbreviations is incorrect as ‘Video Laryngoscopy (VL)’ is only explained in the ‘Core Tips’; this should be repeated in the abstract and again in the body of the manuscript.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Author's Country/Territory:** United Arab Emirates

**Manuscript submission date:** 2021-03-08

**Reviewer chosen by:** Yun-Xiaojiao Wu

**Reviewer accepted review:** 2021-07-18 16:53

**Reviewer performed review:** 2021-07-18 17:03

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

Please add a sentence “Prospective studies are warranted.” to the abstract and manuscript conclusion