

## PEER-REVIEW REPORT

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

**Manuscript NO:** 37415

**Title:** Change in Management of Predicted Difficult Airways following Introduction of Video Laryngoscopes

**Reviewer's code:** 00041963

**Reviewer's country:** Turkey

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2017-12-05

**Date reviewed:** 2017-12-08

**Review time:** 3 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

1. Introduction section is too long. The part which starts "The Cochrane Library comprehensively reviewed.....predicted difficult intubations is lacking." should replace to discussion section. 2. For all tables and figures, bottom of each them the authors should add which test was used to calculate P level.

## Answer:

We have edited the introduction to make it more concise, especially the paragraph which was referenced above. The tests used to calculate P level were added to tables and figures.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 37415

**Title:** Change in Management of Predicted Difficult Airways following Introduction of Video Laryngoscopes

**Reviewer's code:** 02484487

**Reviewer's country:** Saudi Arabia

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2017-12-05

**Date reviewed:** 2017-12-09

**Review time:** 4 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [ Y] Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> [ Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> [ Y] Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

No comments. Although its retrospective but good effort

### Answer:

Thank you for your review.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 37415

**Title:** Change in Management of Predicted Difficult Airways following Introduction of Video Laryngoscopes

**Reviewer's code:** 02488399

**Reviewer's country:** Serbia

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2017-12-05

**Date reviewed:** 2017-12-10

**Review time:** 5 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

This study gives valuable data about new modalities of managing difficult airway. It is well written and concise. Therefore, it is highly recommended for the publishing.

**Answer:**

Thank you for your review.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 37415

**Title:** Change in Management of Predicted Difficult Airways following Introduction of Video Laryngoscopes

**Reviewer's code:** 00526025

**Reviewer's country:** Japan

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2017-12-05

**Date reviewed:** 2017-12-11

**Review time:** 6 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

The study is important for anesthesiologists. I think the manuscript needs drastic amendment. You need to clearly state your policy to secure difficult airways. What was your first method of securing the difficult airway? How did you train your residents to secure the airway in difficult airway? Complication of airway management is very important to evaluate airway management. You need to show complications in each method of airway management. END

### Answer:

Thank you for your comments regarding our manuscript. The airways were managed using the ASA difficult algorithm and an airway scale based on the Ganzouri score



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(Reference #11 el-Ganzouri, et al.) which is now being emphasized in the manuscript.

The residents were trained in advanced airway techniques during an airway workshop towards the end of their first year of training. These included training with fiberoptic bronchoscopes, laryngeal mask airways and use of video laryngoscopes.

The method of securing the airway was left to discretion of the attending anesthesiologist in this retrospective study. We were looking for trends related to the change in the management of securing potentially difficult airways. We did not observe any documented complications related to the management of the airway in our retrospective analysis.

We have made several improvements to the manuscript to address your review. Thank you again.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 37415

**Title:** Change in Management of Predicted Difficult Airways following Introduction of Video Laryngoscopes

**Reviewer's code:** 00529915

**Reviewer's country:** Ireland

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2017-12-05

**Date reviewed:** 2017-12-14

**Review time:** 9 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

Dear Authors You deserve congratulation on presenting the data in organized and succinct manner. These are retrospective data and hence falls in the category of weak data. Although you have performed regression analysis but still some confounders have not been accounted for e.g. the expertise and the level of experience of operators/anesthetists in the techniques. This can lead to a bias the technique an anesthetist will be choosing for the given challenge of intubation. These data a specific for a given institution and may not be universally applicable. However the method of answering the scientific question is reasonable. I shall recommend: 1. Concise your discussion section by applying the following format: a. Give main findings. b. Contemporary few studies supporting your findings and those which contradict your findings, not more than 2 references from each side. c. Strength of your studies d.

Weakness of your studies e.g. retrospective data, institutional specific data, confounding such as unaccounted expertise of the operators. e. Future directions and conclusions

**Answer:**

We thank the reviewer for his comments on our discussion. We have edited it to reflect the suggested outline and have also reduced the content to make our points more succinct.