Dear Editor

On behalf of my coauthor, we would like to thank you for the opportunity to revise and re-submit for publication in WJCCM our study. Please find below our responses to the reviewer. We also followed your instruction on the manuscript and included the information requested (running title, highlights, PMID and/or doi as available, figures uploaded as separate files, etc).

We are sincerely grateful for the suggestions received to improve our manuscript.

Best regards,

Filippo Sanfilippo

Serena et al. submit a manuscript (MS) describing nurse-led efforts to achieve early extubation after cardiac surgery within a fast-track protocol. This was a single center pre- vs. post-implementation trial.

MAJOR CONCERNS:

1) The Aim of the study, as stated in the Abstract, was extubation at the 3rd postoperative hour. However, limited population of patients was extubated at the 3rd hour (6 vs. 13%) and these results are not even stated in the Abstract. It appears from Fig. 1 that the extubation was in fact aimed at 2 h. These statements should be streamlined.

Thank you very much for these useful comments. We made changes to the abstract in order to provide the necessary data at the 3rd hour. Thank you also for spotting out the error in Figure 1. This was an older figure that for mistake was uploaded. The misunderstanding stays in the fact we aimed at extubation by the 3rd hour (after the second hour). The correct version of Figure 1 should better clarify this aspect.

2) The details of the intervention protocol should be at least briefly summarized in Methods of the Abstract as this is the main intervention.

We agree, just it was difficult to fit within the limits of word count. We have now managed to provide a summary of the intervention made for the implementation of the nurse led extubation protocol

3) The "feasibility of implementation" itself should be tested by other methods, i.e. adherence to individual facets of the protocol. In other words, the implementation of the protocol may be feasible, i.e. the nurses followed the protocol, but it may still not result in higher rates of early extubation at 3 h, as is the case in this MS. The Methods and Conclusions should be modified to reflect this. The Discussion in the body of the MS nicely reflects this situation.

Thank you for spotting out this mistake. We fully agree that evaluation of the results of the implementation of a nurse led extubation protocol is much more appropriate than evaluation of feasibility of the implementation. The word feasible has been deleted to

reflect that we focused on results of the introduction of this protocol rather than evaluating the adherence to single facets of the protocol itself.

4) Were the patients screen for eligibility criteria based on their pre-operative respiratory status, e.g. presence vs. absence of COPD, ephysema, asthma, sleep apnea etc.?
Thank you for this comment. We followed a pragmatic approach and the inclusion of patients in the early extubation protocol was based on the evaluation of consultant anaesthetist/intensivist/cardiac surgeon, based on both premorbid status and/or intraoperative course. We have now specified this approach in the methods.

MINOR CONCERNS:
5) It seems from the Discussion that the anesthetic protocol during the surgery itself was not adjusted for fast-track. This should be highlighted in Methods.
We agree and have specified it

6) The effect of earlier extubation in the intervention period on the length of ICU stay and complication rate was not assessed here, which should be added to the Discussion. At least, the reintubation rate was not different, which speaks for the safety of early extubation at least from the respiratory standpoint.
We agree that we could have collected this data on ICU stay but this outcome would have been also affected by several confounders for a pilot study with small sample size

TECHNICAL COMMENTS:
7) Page 3 Intro: complications such … rather such as
8) Page 7 interquantile ... rather interquartile
9) Page 8 admitted ... rather admitted to
10) Page 8 second para: I suggest "Patients in the "standard period" … had similar…"
Thank you, all suggestion taken.

Scientific Quality: Grade B (Very good)
Language Quality: Grade A (Priority publishing)
Conclusion: Minor revision
Thank you for positive judgment of our study and for the time spent in the critical review of our manuscript. We believe that your comments have significantly improved the manuscript.