

October, 14th 2013

Dear Editor,

Please find enclosed the edited manuscript:

Title: New generation aspiration catheter: feasibility in the treatment of pulmonary embolism

Author: Wolf E. Heberlein, Mollie E. Meek, Omar Saleh, James C. Meek, Shelly Y. Lensing, William C. Culp.

Name of Journal: World Journal of Radiology

ESPS Manuscript NO: 5157

The manuscript has been improved according to the suggestions of reviewers:

1 Revision has been made according to the suggestions of the reviewer:

“This is a nice report of the use of a new cathether in the treatment of symptomatic pulmonary embolism. The main result is that in all (8 of 10) patients where such data are available, mean pulmonary pressures dropped. In a revision the following alteration is needed: Eliminate patients 6 and 7, those where CT ratios (6), pulmonary pressures (6,7) and/or survival follow-up (7) are not available, and modify the manuscript accordingly.”

Thank you for the review. We recognize the weakness of data in those two patients and did not include them in the important pulmonary artery pressure graph. However, we do consider them a valid part of this consecutive patient series and prefer to not completely eliminate them. That could induce a selection bias that would detract from the value of this report. Patient selection being such a key part of this entity, we believe is a more important facet than the absence of those pressure values.

“The authors reported their preliminary experience with a new generation aspiration catheter in the treatment of PE. Although the authors reported that “no death could be linked to a procedural complication”, a high rate (6 out of 9 patients) of short term mortality within 30 days was really a big issue and should be considered seriously. For instance, one may argue that the indication of using the new aspiration catheter for these PE patients may be inappropriate, because if conservative management with systemic tPA was applied, the mortality may not be so high. The author should discuss something about this issue in the manuscript.”

We share this concern with the reviewer and address it in the second sentence of the introduction. That sentence has now been expanded to emphasize the point and other corrections were added in the discussion. As outlined in the patient characteristics, many patients had contraindications to systemic lysis, and catheter directed therapy was initiated as only alternative option. We share the view that more data are desirable to define patient groups that benefit most from each possible therapeutic approach.

(1) Introduction page 4, line 4 was added on:

with a 30 day mortality of 25% to 65% depending on severity and case selection [1]

(2) Discussion page 9, line 10: Comma was taken out:

Having two configurations available allowed to remove the most urgent

(3) Discussion page 9, line 31: 58% percent was adjusted to mortality rate of the directly cited paper to adjust for the adjustment under (1) to:

65%

(4) Discussion page 10, line 6: Adjusted to (1) with added on:

and death rates up to 65%

(5) Figure 3 (p. 20): Was erroneously mislabeled: Survived and Died within 30 days was mislabeled, the graph was corrected.

Thank you again for publishing our manuscript in the World Journal of Radiology.

Sincerely yours,

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