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Name of Journal: *World Journal of Clinical Infectious Diseases*

ESPS manuscript NO: 20415

Manuscript Type: Editorial

Answering reviewers

Reviewer 1

Comment

Authors highlighted a very important issue in their editorial. There is some scope to improve this manuscript. Suggestions are: Please define empirical, prophylactic, pre-emptive, targeted anti-fungal therapy. Heading 'Strategies to reduce antifungal use' could have subheadings like at time of start, de-escalation, duration of antifungal treatment. There should be mention of some other important strategies like: knowing local epidemiological data, sensitivity pattern.

Response

We thank the reviewer for his comment. We have now defined empirical, pre-emptive, and targeted antifungal treatment (page 3, line 9). We have also added the subheadings requested by the reviewer, and mentioned other important strategies (i.e. knowing local epidemiology, and sensitivity pattern) (page 5, line 13)

Reviewer 2:

Comment

Succinct and generally well-written. Please provide a bit more detail regarding the use of beta-D-glucan, mannan, and antimannan to stop empirical antifungal treatment: which reference, and what is the predicted effect on mortality or missed cases of true fungal infection?

Response:

We thank the reviewer for his comment. We have now given more details on the use of these biomarkers. In fact, the ongoing study discussed in our editorial is the first to evaluate such as strategy, and its potential effects on mortality or missed cases of fungal infection. (page 6, line 14; and Figure 2)

Reviewer 3

Comment

Only two main strategies are described in the section "Strategies to reduce antifungal use". Furthermore, the former one has been established. Combined use of β -D 1, 3-

glucan, mannan, mannan-antibody may be interesting but not available in routine laboratory tests.

Response

We thank the reviewer for his comment. We have discussed available, and strategies currently studied, and aiming at reducing antifungal use in the ICU. We agree that these biomarkers are not yet available in all ICUs, but if currently conducted studies confirm their interest, it will be quite easy to generalize their use in order to reduce antifungal use. We added a comment highlighting this point. (page 6, line 16)

Reviewer 4

Comment

This is a brief report on the use of anti-fungal medication in critical care patients. In general it is a brief review of the literature since data is not presented.

Response

We thank the reviewer for his comment. In fact, this manuscript is an editorial and not an original research or a review. The word count is 1199, which is usual for this type of manuscript.

Specific comments:

Comment

On page3 the first sentence, please supply a reference.

Response

Done

Comment

Second paragraph same page; the authors state the side effects of empirical antifungal treatment include antifungal resistance, side effects... What side effects? These need to be enumerated.

Response

We think that this is beyond the scope of this editorial to explain in details the side effects of all antifungals. However this sentence was clarified.

Comment

Since the paper is so brief I think the authors should add some substance to this paper by outlining the guidelines they developed in their 10 year study to reduce anti-fungal treatment instead of only referencing the paper.

Response

Thank you for this comment. Again, the manuscript is brief because it is an editorial, and describing in details this study is beyond the scope of this manuscript. However, to take into account the reviewer's comment we added a sentence to explain how our

local guidelines were based on national and international recommendations. (page 4, line 1)

Comment

Page 4 first paragraph second sentence. Its results WILL be very helpful...

Response

Done

The manuscript was reviewed by an English native speaker, who performed minor English Editing.

Finally, we would like to thank you all for your constructive comments.

Sincerely,

Saad Nseir