

ANNALS OF PALLIATIVE MEDICINE

Peer Review File

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Review Comments A

The article gives a perspective of the understanding of the definitions of sepsis established in SEPSIS 3, among intensivists in China. Results show that even though SEPSIS 3 gives recommendations to follow to ensure a decrease in mortality, some intensivists are not following them.

Please confirm that given names and surnames have been identified correctly and are presented in the desired order and please carefully verify the spelling of all authors' names.

Comment 1: Please confirm that given names and surnames have been identified correctly and are presented in the desired order and please carefully verify the spelling of all authors' names.

Reply 1: There is a typo for the first author & corresponding author Lihua Dong. It should be “Li-hua Dong”, instead of “L-ihua Dong”. We have corrected it (see page 1, line 4). We confirm that the given names and surnames of other authors have been identified correctly and are presented in the desired order.

The paragraphs regarding the study population and definitions and the ones regarding the survey validation have very similar information. Could it be unified because it causes confusion, or do you guys consider that it needs to be separated. In the case that it remains the way it is, where are the results of the pilot survey mentioned in the first paragraph?

Comment 2: The paragraphs regarding the study population and definitions and the ones regarding the survey validation have very similar information. Could it be unified because it causes confusion, or do you guys consider that it needs to be separated.

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Reply 2: Thank you for your good advice. The paragraphs regarding the study population and definitions and the ones regarding the survey validation really have very similar information. It should be unified.

Changes in the text: I deleted line 100-103(in red characters with delete mark).

One thousand physician members of Chinese Society of Critical Care Medicine (CSCCM) were involved in the survey. Intensivist received a survey mail and a reminder mobile text message at the same time.

Further queries are signaled in the attached document.

Review Comments B

Line 30 has a typo- should say "RESULTS" as the heading.

Comment 3: Line 30 has a typo- should say "RESULTS" as the heading.

Reply 3: Sorry for this mistake. I have corrected it.

Changes in the text: RESULTS

Line 40 should be "compared"

Comment 4: Line 40 should be "compared"

Reply 4: Sorry for this mistake. I have corrected it.

Changes in the text: compared

Line 47 should say sensitive than "the" previous

Comment 5: Line 47 should say sensitive than "the" previous

Reply 5: Sorry for this mistake. We have corrected it.(see page 3,line 47)

Changes in the text: than the previous

Line 63 should say fluid resuscitation is how severe sepsis was defined

Comment 6: Line 63 should say fluid resuscitation is how severe sepsis was defined

Reply 6: Thank you for your good suggestions. I revised this sentence(see page 3, line 63).

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Changes in the text: septic shock are defined as sepsis with persisting hypotension requiring vasopressor therapy to elevate MAP ≤ 65 mmHg and lactate >2 mmol/L (18 mg/dL)

Line 82 should say who were

Comment 7: Line 82 should say who were

Reply 7: Sorry for this mistake. I have corrected it.

Changes in the text: who were

I understand your study and appreciate how you collected your data. The interesting part of this article is that the group of intensivists with 6-12 years of practice accounted for the largest group by far. They also reported that they understood sepsis-3 criteria yet only 6.1% use it always and 57% use it often. The Sepsis-3 definition is especially not used in the community hospitals with only 13% using it often or always.

Comment 8: The interesting part of this article is that the group of intensivists with 6-12 years of practice accounted for the largest group by far. They also reported that they understood sepsis-3 criteria yet only 6.1% use it always and 57% use it often. The Sepsis-3 definition is especially not used in the community hospitals with only 13% using it often or always.

Reply 8: Thank you for your comment. That is the interesting part of the survey results. When we got this results, I thought about it and discussed it with my colleges, we think that the reason may be as followings: The more practiced intensivists get used to diagnosis sepsis according the first or second definition of sepsis. It is very common that a practiced physicians make diagnosis according to their practice instead of the documented criteria. But the definition of sepsis is changing with people's acknowledgement about the pathological mechanism of sepsis. We have modified our text as advised (see page9, line 180)

There have been numerous studies which have pointed out the negative effect of initiating antibiotic therapy later in patients diagnosed with sepsis. We know that patients with sepsis as defined by Sepsis-2, still have significant in hospital mortality, and this worsens when it is identified later (1). With Sepsis-3 criteria now identifying sepsis at the point of the previous severe sepsis criteria, it makes sense that these patients will be identified and treated later in the disease process.

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It is also believed that Sepsis-3 is not as sensitive in identifying sepsis as compared to Sepsis-2. While being more specific, it loses some of its sensitivity.

References

1. Delays From First Medical Contact to Antibiotic Administration for Sepsis. Christopher W. Seymour, Jeremy M. Kahn, Christian Martin-Gill, Clifton W. Callaway, Donald M. Yealy, Damon Scales, Derek C. Angus
Crit Care Med. Author manuscript; available in PMC 2018 Jul 30.

Comment 9: With Sepsis-3 criteria now identifying sepsis at the point of the previous severe sepsis criteria, it makes sense that these patients will be identified and treated later in the disease process.

It is also believed that Sepsis-3 is not as sensitive in identifying sepsis as compared to Sepsis-2. While being more specific, it loses some of its sensitivity.

Reply 9: Thank you for your comment. Sepsis-3 is more specific, and less sensitive than Sepsis-2.

