

Author's response to reviews

Title: Acupuncture is a feasible treatment for post-thoracotomy pain: Results of a prospective pilot trial

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Author's response to reviews: see over

Response to second set of comments from reviewers

Reviewer: Macpherson

No comments

Reviewer: Karakaya

Comment: 1- What is the meaning of "poor analgesia"? What is the chosen VAS value of "poor analgesia"?

Response: We have clarified on page 7 that the criterion used clinically was a patient subjective complaint of unacceptable analgesia.

Comment: 2- How many patients received morphine or hydromorphone instead of fentanyl for epidural analgesia?

Response: This is clarified on the first paragraph of page 7.

Comment: 3- What is the meaning of uncontrolled pain in the postoperative period?

Response: We have deleted reference to "uncontrolled": the sentence now reads: "Acute pain in post-operative period may lead to chronic pain characterized as "the post-thoracotomy pain syndrome."

Comment: 4- For how long fentanyl and bupivacaine infusion through the epidural catheter was given?

Response: We state on page 7 that "The epidural catheter and acupuncture needles were both removed after removal of the chest tube, typically 3 to 7 days post surgery."

Reviewer: Dagnino

Comment: 1) Tolerability, as part of the definition of feasibility. I think that the last paragraph in p.10 and second in p.11 could be clarified as I found the need to repeatedly refer to the flow chart to understand these paragraphs.

The first line of the paragraph in p.10 should state "evaluable pain data".

The second and fifth lines of the last paragraph in p.10 should read "terminated" for "withdrawn" to be consistent with the used terminology.

Response: These changes have been made.

Comment: After that, of the four patients who opted to withdraw, the one who did not want to deal with needles after discharge should be counted as not tolerating the intervention. Thus, "tolerability" should be interpreted as 19 out of 26 patients (73%) in whom this aspect was evaluated and not 23 as stated.

Response: We have data on tolerability for 23 of the 25 patients. Following the reviewer's suggestion, we now add the one patient who withdrew due to tolerability: " If we include the patient who withdrew because of the needles, 19 out of 24 patients (79%) retained more than half the applied needles at 30 days."

Comment: 2) Sample size calculation: mean BPI (2.7) was used but this does not correspond to any of the figures given in table 3.

Response: We thank the reviewer for spotting this typographical error. The correct number is 2.6 (the other figures and calculations are correct). We have also clarified that our primary endpoint is BPI pain intensity.

Comment: There is a minor error in table 3, in the percentage of analgesic use at 30 days.

Response: This has been corrected.

Comment: In table 3, what does “pain from operation mean?

Response: We have clarified that, during follow-up, "Patients were also asked to report if they experienced any pain which they attributed to their operation."