Author's response to reviews

Title: Does the Sex of Acute Stroke Patients Influence the Effectiveness of rt-PA? Experience from the TCD Multicenter Study

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TO DR. T. KLEINIG
Reviewer (1)

Major revisions:
1) Paragraph two under introduction has been modified as suggested. And the disadvantage of using only mRS was mentioned in the last 3 lines under limitation paragraph under discussion section.
2) The reason to have more subjects than CLOTBUST trial was clarified in the first 2 lines under results section.
3) Discussion section has been modified as possible. However we did not feel comfortable to change our conclusion into "our study did not demonstrate better or faster recanalization in t-PA treated females with ischemic stroke" since saying so keeps us at one end only and another researcher may wonder if males have faster recanalization! which again was ruled out in our study.

Minor revisions:
1) Symptomatic ICH (sICH) was defined by > 4 NIHSS points worsening that in the opinion of treating physician and was linked to the presence of blood on repeat head CT or MRI.
2) The comment was not very clear to me. If it is a major point then restate it and I am willing to work on it.
3) Statistical difference in age is now mentioned in results section.

TO DR. L. YEO
Reviewer (2)
1. The initiation of TCD monitoring starts just before t-PA bolus without delaying it. For every acute stroke pt comes to ER, a team of neurologist and TCD technician and … go to see pt simultaneously. For more details please see CLOTBUST protocol.

2. Abstract has been changed as you suggested to 4 hours.

3. With respect to At. Fib and cardio-embolic stroke:
   Yes, your point is well taken and unfortunately it was not in the protocol.

4. The initial protocol was written prior to ECASS III.

5. That is true and our findings do not contradict with Kent's study. Women gain more benefit with IV t-PA.