

## LETTER TO EDITOR

**Author's reply to the comment by Chow**

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We thank Dr Chow for his interest in our work. Dr Chow is indeed correct that our review included more randomized controlled trials (RCTs) than another review that he mentions (Andreae and Andreae, 2013) and with which we are of course familiar. However, we disagree with a number of his opinions. Specifically, our search methodology was carried out as per PRISMA recommendations as documented in some detail in our submission to the EJP and this was subject to thorough peer review. Chow is correct in the sense that it is difficult to perform these types of literature searches in a way that includes every pertinent article, but this is a problem for literature reviews in general and not of specific relevance to our review alone. Of note, we realized this limitation and sought to enhance capture of missed trials by incorporating methods such as manual tracking of references lists of known papers, as mentioned in our results section (Humble et al., 2015). We took this pragmatic approach with the view that it was better to include these papers than to exclude them for the sake of what could be considered illusory methodological purity, given the inherent pitfalls of searching large databases, as Chow himself discusses in his letter (Dickersin et al., 1994; Chow, 2015).

We draw to his attention the fact that our systematic review contains a total of 32 RCTs, not 24 as indicated by Dr Chow's letter. However, Dr Chow poses a good question concerning the four RCTs from Andreae's review that were excluded from our paper. We can confirm that we were aware of and did indeed review all the RCTs within Andreae's review. We excluded specific publications for good reason. Within the reference frame of our review, there are in fact only three RCTs in Andreae's review that we could have included. These are: Katsuly-Liapis, Pinzur and Reuben. The first of these was only an abstract and had highly questionable methodology, as detailed by Andreae. The second one had significantly suboptimal methodology and only included a total of 21 patients. The third paper was by an author that is well known

to have received a prison sentence for falsification of data and therefore it was thought best to exclude that one too.

Finally, we reiterate our appreciation of his interest in our work. We recognize the numerous search strategies and their individual merits. We also point out another tool by Chow that has been overlooked, the 'DBRCT.af' (Chow et al., 2004) and would encourage other researchers to consider doing the same in the interest of collaboration so that we can improve care for our patients. This was indeed the motivation behind our own systematic review, which has generated much interest already. We hope that it will actually influence anaesthetic practice internationally and continue to stimulate ongoing research in this interesting field.

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