

# Letters and comments

## Cardiopulmonary exercise testing as a predictor of complications

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doi 10.1308/003588414X13824511649337

### CORRESPONDENCE TO

Mr Fady Yanni, E: [garas3110@yahoo.com](mailto:garas3110@yahoo.com)

### COMMENT ON

Moyes LH, McCaffer CJ, Carter RC *et al*. Cardiopulmonary exercise testing as a predictor of complications in oesophagogastric cancer surgery. *Ann R Coll Surg Engl* 2013; **95**: 125–130  
doi 10.1308/003588413X13511609954897

I read your article with interest. However, a sentence under the subheading 'Cardiopulmonary exercise testing' in the methods section ('Two key measurements can be determined from these data, [oxygen uptake at peak exercise and anaerobic threshold], indicating the point at which anaerobic metabolism is inadequate to maintain high energy phosphate production [...]') does not coincide with the principle of cardiopulmonary exercise testing. I think you mean 'indicating the point at which aerobic metabolism is inadequate...' (The word 'anaerobic' should be corrected to 'aerobic').

## Author's Response

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doi: 10.1308/003588414X13824511649373

### CORRESPONDENCE TO

Ms Lisa Moyes, E: [lhmoyses@gmail.com](mailto:lhmoyses@gmail.com)

Thank you for your interest in our manuscript. You are quite correct; it should be 'aerobic' rather than 'anaerobic'. We apologise for any confusion caused.

## Adherence of trials of operative intervention to the CONSORT statement

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### CORRESPONDENCE TO

Elliott Carthy, E: [elliott.carthy11@imperial.ac.uk](mailto:elliott.carthy11@imperial.ac.uk)

### COMMENT ON

Gray R, Sullivan M, Altman DG, Gordon-Weeks AN. Adherence of trials of operative intervention to the CONSORT statement extension for non-pharmacological treatments: a comparative before and after study. *Ann R Coll Surg Engl* 2012; **94**: 388–394  
doi 10.1308/003588412X13171221592339

This paper by Gray *et al* highlighted the inadequacy in the reporting of non-pharmacological randomised controlled trials. This is consistent with previous work by our group,<sup>1,2</sup> which has demonstrated the huge need for improvement with regard to the methodological reporting of surgical trials.

Gray *et al* quote a statistically significant improvement in adherence to the Consolidated Standards of Reporting Trials statement for non-pharmacological treatment (CONSORT-NPT) of 3.95 points ( $p < 0.001$ ). This is indeed slightly higher than of previous work<sup>2</sup> but it is still indicative of poor compliance across multiple surgical specialties, with minimal improvement over the last decade.

The guidance set out by CONSORT-NPT needs to be 'hard-wired' into the submission process across all surgical publications. Furthermore, compliance needs to be emphasised and adhered to by all stakeholders, be they authors, reviewers, publishers, editors, funders or readers. Regular checks and consistency in quality control is paramount to ensuring the highest possible standards of reporting.

## References

1. Agha RA, Camm CF, Edison E, Orgill DP. The methodological quality of randomized controlled trials in plastic surgery needs improvement: a systematic review. *J Plast Reconstr Aesthet Surg* 2013; **66**: 447–452.
2. Agha R, Cooper D, Muir G. The reporting quality of randomised controlled trials in surgery: a systematic review. *Int J Surg* 2007; **5**: 413–422.