

## Authors' reply

Dear Editor,

We thank the journal readers for their interest in our original article entitled "Predictors of neurologically favorable survival among patients with out-of-hospital cardiac arrest: A tertiary referral hospital experience," recently published in the April 2017 issue of the Archives of The Turkish Society of Cardiology.<sup>[1]</sup> In the literature, several studies have concluded that the method of airway management could affect neurological outcome and survival.<sup>[2-5]</sup> Yet there is no consensus about optimal airway management. In our study, due to the retrospective design, records regarding intubation timing were not obtainable; however, all of the patients who experienced out-of-hospital cardiac arrest did receive endotracheal intubation.

The primary outcome of the present study was discharge from hospital with favorable neurological outcome, which was neurological status based on review of hospital records. Cerebral Performance Category (CPC) scale was used for the neurological status evaluation. When we searched the medical records, a neurologist had evaluated 4 patients (1 with CPC level 3, 2 with CPC level 1, and 1 with CPC level 2). The remaining 3 patients (CPC level 1) did not have neurology consultation, possibly due to good neurological condition prior to discharge. Finally, the present study was inherently limited due to its retrospective design. Therefore, if this specific patient population is evaluated with prospective trials, it will provide more precise understanding of the factors that really contribute to neurologically favorable survival.

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