Reply to Kuriyama and Urushidani

TO THE EDITOR—We thank Drs Kuriyama and Urushidani for their comments regarding our systematic review. Our primary aim was to evaluate the effect of strategies of prevention of hospital-acquired pneumonia on mortality in the intensive care unit (ICU). We a priori planned all the various head-to-head comparisons and chose the strongest outcome, which is mortality. In their comments, Kuriyama and Urushidani also suggest performing a network meta-analysis to evaluate the benefit of different strata. These indirect comparisons may also have some limitations because of the variation of the control groups (including year of
publication, patient characteristics, and country). Finally, the benefit of selective digestive decontamination on mortality has been observed in large randomized controlled trials [1, 2] and meta-analyses, even in network meta-analyses [3–5]. A recent trial considered it unethical not to apply selective decontamination in ICU patients, because this strategy demonstrated improved patient survival [6]. The question now is to evaluate if we need additional evidence or new recommendations regarding selective decontamination for ICU patients.

**Note**

**Potential conflicts of interest.** All authors: No potential conflicts of interest.

All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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