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Letter to the Editor

Reply to: Methodological issues in the study of inter-hospital transfer in low-volume and high-volume emergency departments and survival outcomes after out-of-hospital cardiac arrest

To the Editor,

We welcome to the opportunity to reply to PhD Guanghua Tang's discussion of our study.¹

The confounding variable must have an effect on the outcome, and it should also be a cause of exposure.² Our main exposure was interhospital transfer. Because most of the patients undergoing interhospital transfer are anticipated to receive post-resuscitation care in receiving hospital, post-resuscitation care in first visited hospital could be postponed or canceled because of interhospital transfer. Therefore, post-resuscitation care in first visited ED was not considered as cause of interhospital transfer, therefore it was not considered as confounder in our study.

The cerebral performance category (CPC) score is the most widely used tool to assess neurological recovery in OHCA patients.^{3,4} Most studies define a good neurological recovery as a CPC score of 1 or 2, and a poor outcome as CPC scores 3, 4, or 5.⁵

We agree that our study was a cross-sectional study design, and there may be significant potential biases that were not controlled. Valid and robust longitudinal studies in this area would be a welcome addition to the literature.

Conflict of interests

None.

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None.

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