Author's response to reviews

Title: Neutrophil Gelatinase-Associated Lipocalin (NGAL) predicts Renal Injury in Acute Decompensated Cardiac Failure: A prospective observational study

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Author's response to reviews: see over
Reviewer Comment

The manuscript is greatly improved and had adequately answered most of the questions to this reviewer's satisfaction.

However, one outstanding concern that should be addressed is the comment that NGAL is independently associated with AKI despite adjusting for eGFR and therefore provides incremental risk stratification benefit. This is incorrect and should either be removed from the manuscript, acknowledging that this aspect remains unknown or, better still, the authors are referred to several papers discussing the need for new and improved statistical techniques for the evaluation of the incremental benefit of a putative new biomarker. See Pencina et al Statistics in Medicine, 2008. There are several free on-line resources to assist with this, notably from a Swedish group. Some discussion by the authors of differences in c-statistic, NRI or IDI should occur before suggesting that NGAL provides improved risk stratification over and above eGFR.

Response

We agree with the reviewer that the incremental benefit of NGAL over admission eGFR is uncertain. This is stated in the final paragraph of the discussion section of the manuscript. We have added a further sentence to highlight this point and have cited the Pencina article suggested so that interested readers can pursue this. The abstract has been reworded to include the information on the ROC curve and adjusted odds ratio for AKI for admission NGAL and the term “independent predictor” of AKI has been amended to “associated with” throughout.