Author’s response to reviews

Title: Trough colistin plasma level is an independent risk factor for nephrotoxicity: a prospective observational cohort study

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Author’s response to reviews: see over
Dear Dr Harris,

Thank you very much for your consideration of our manuscript (MS: 5430024648283306) now titled “Trough colistin plasma level is an independent risk factor for nephrotoxicity: a prospective observational cohort study” and your request for a revised version.

We have attached all reviewer comments, and addressed each one individually. As you will see, we have made every attempt to incorporate these suggestions as thoroughly as possible. We hope you will agree that the revised manuscript is now suitable for publication in *BMC Infectious Diseases*. We look forward to hearing from you at your earliest convenience.

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Yours sincerely,

Luisa Sorlí, MD,
Point-by-point responses to the reviewer’s comments on the manuscript

Trough colistin plasma level is an independent risk factor for nephrotoxicity: a prospective cohort study

The authors would like to thank the Reviewers for their careful review of our manuscript and for providing us with their comments and suggestions to improve the quality of the manuscript. The following responses have been prepared to address all of the reviewers’ comments in a point–by-point fashion.

Reviewer: Nikolaos Markou

Reviewer’s report:

Major comment:

Page 12: Cmin as categorical and continuous variable: In fact in ROC analysis Cmin is not evaluated as a categorical but as continuous variable. Also in table 7 Cmin is not evaluated as a continuous variable but is transformed to categories on the basis of arbitrarily defined cut-off points. The definition of these categories on the basis of quartiles or quintiles would be more appropriate. Then an appropriate statistic should be applied (x2 test, linear by linear statistics). A bar chart might also be informative

Authors’ response: we agree with you and have rewritten the sentence in Page 12 line 6-7.
Also we have changed table 7 by defining four categories on the basis of quartiles and have applied the \( \chi^2 \) test for assessing the relationship between these \( C_{\text{min}} \) categories and the incidence of nephrotoxicity on day 7 and at the end of treatment.

**Minor observations:**

- Page 6, 1st paragraph, lines 6-11: probably the phrase “AKI during CMS treatment … after # 4 days of CMS therapy” should follow the phase “the RIFLE criteria … for stratification of AKI”.

**Authors’ response:** according to your suggestion we have changed the sentence. See page 6, lines 6-11.

- Please recheck reference numbers. For example in page 15 instead of ref 30, ref 29. What about references 30-32?

**Authors’ response:** this is a mistake and we apologize for it. In page 15, line 22, we have change the number of the reference (29 instead of ref 30). Additionally, in this paper the references 31 and 32 don’t exist. The last reference is Ref number 30 and it has been cited in page 17, line 2.

- Table 2: Patients with CKD-superscripts: instead of 2, 3. Also check the superscripts in table 6.

**Authors’ response:** we agree with you and we have corrected these mistakes.