Author's response to reviews

Title: Low sensitivity of a urine LAM-ELISA in the diagnosis of pulmonary tuberculosis

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Author's response to reviews: see over
Dear BioMed Central Editorial Team,

Thank you and the reviewers for your thorough consideration of our manuscript. We have carefully addressed the issues raised by Dr Stephen Lawn (reviewer 4) and have modified the manuscript accordingly. Below, please find our responses to the questions raised, followed by a point-by-point listing of changes to the manuscript which are indicated using italic font.

**Reviewer 4: Dr. Stephen Lawn**

1. Following your advice, a new table with uni- and multivariate regression results regarding the influence of sex and HIV status on LAM sensitivity (table 2b) has been added to the former table 2 (now 2a). Placing the table next to table 2a –rather than next to or integrated into table 5- seems reasonable, because table 2a reports the diagnostic test performance separately for these groups, thus the results of table 2b relate directly to those in table 2a.

2. CD4 cell count did not have any influence on the LAM ELISA results in our study. In addition to the explanations in the discussion sections we added the following sentence to the result section: *Further multivariate analyses showed that the influence of CD4*
count adjusted for TB status, HIV status, sex and age on LAM-ELISA outcome was non-significant.

3. We introduced a legend for figure 1: *Dashed line: cut-off at OD 0.1*

4. We have referenced the article by Dehda K et al. [16].

5. Furthermore, we have included your recently published article into the discussion and referred to the diverse findings with regard to the influence of CD4 count on the test performance.

A recently published study [34] showed that among TB cases lower CD4 cell counts are associated with a higher likelihood of a positive LAM-ELISA in urine, which would make the assay a promising rapid TB diagnostic tool among patients with advanced immunodeficiency. However, our data do not support this finding since CD4 counts were not significantly associated with the LAM-ELISA test outcome.

We hope that the revised version of the manuscript meets all requirements for publication.

I remain respectfully,

Yours,

Dr. Klaus Reither