Author's response to reviews

Title: Estrogen Receptor alpha Gene Polymorphisms and Risk of HBV-Related Acute Liver Failure in the Chinese Population

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Version: 3 Date: 22 May 2012

Author's response to reviews: see over
May 22, 2012

Dear Editor:

Thank you very much for your letter and advice. Our manuscript titled “Estrogen Receptor alpha Gene Polymorphisms and Risk of HBV-Related Acute Liver Failure in the Chinese Population (MS: 1489728620639554)” has been revised carefully according to the review comments and editorial notes.

We have highlighted the changes as red color text and made the changes where appropriate in the revised manuscript. Our point-by-point responses to the comments of the two reviewers are listed below this letter. We hope that the revised version of the manuscript is now acceptable for publication on your journal.

Thanks for your attention.

Best regards

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Point-by-point responses to the comments

REVIEWER 1 (Zheng Zeng):

1. 1. China is an area with high prevalence of viral hepatitis infection. However, in this study, the authors did not provide any data about patients superinfection with hepatitis A or E virus or not. Without these data, it is hardly to get the results that ALF causes by hepatitis B virus.

Response: As a hospital-based case-control study, all patients in our case and control groups were diagnosed by clinical professors and screened the possibility of infection with any hepatitis virus, such as HAV, HBV, HCV, HDV, HEV, CMV and HIV. The patients co-infected or super-infected with other virus (HAV, HCV, HDV, HEV, CMV and HIV) were excluded in our case-control study.

In the Methods part of our manuscript, we have provided some information that ‘All carriers had no serologic evidence for coinfection with hepatitis C virus, hepatitis D virus, and human immunodeficiency virus’. Thanks for the reviewer remind us that we did not supply the information about patients superinfection with hepatitis A or E virus or not. In our revised manuscript, we have edited one sentence in the Methods part and emphasized that all patients had no serologic evidence for coinfection or superinfection with hepatitis A virus, hepatitis C virus, hepatitis D virus, hepatitis E virus, and human immunodeficiency virus.

2. In this study, the drinkers in ALF group were higher than that in ASC group (P<0.001), so the authors should do the analysis adjusted by drinker to exclude drinking influence.

Response: Indeed, in our case-control study, there are more patients with alcohol consumption in the HBV-ALF group (33.7%) than that in the ASC group (18.7%) (P<0.001). We highly agreed the reviewer’s view that it is necessary to do the analysis adjusted by drinker to exclude drinking influence.

Actually, we have make the logistic regression analysis with adjustment for age, sex, HBeAg status and alcohol consumption indicated significant differences in the distribution of the three haplotype groups between ASCs and HBV-ALF groups, as showed in Table 3 in our manuscripts.
In table 2 of our manuscript, odds ratios and their 95% CIs also have been given for the comparison of the genotype effect between ASC and HBV-ALF groups by logistic regression analysis with adjustment for covariates, including age, sex, HBeAg status and alcohol consumption.

REVIEWER 2 (Ming-Whei Yu):

1. I suggest rechecking following odds ratios and their 95% CIs in Table 2. odds ratio (95% CI)
   1.63 (1.21-2.63)   1.45 (1.09-2.31)

Response: Thanks for your suggestion. We have rechecked the odds ratios and their 95% CIs in Table 2. In our manuscript, the inaccurate odds ratios (95% CIs) as the reviewer pointed out were corrected. 1.63 (1.21-2.63) has been corrected as 1.83(1.21-2.63) while1.45 (1.09-2.31) has been corrected as 1.35(1.09-2.21)