Author's response to reviews

Title: Fracture Risk Assessment in Chronic Kidney Disease, Prospective Testing Under Real World Environments (FRACTURE): A Prospective Study

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Author's response to reviews: see over
August 16, 2010

Re: Manuscript re-submission for *BMC Nephrology*; minor changes of accepted manuscript
Manuscript ID: 6534404713657885

Dear BMC Series Editorial Production Team:

On behalf of myself and my coauthors, I am pleased to re-submit our article entitled “Fracture Risk Assessment in Chronic Kidney Disease, Prospective Testing Under Real World Environments (FRACTURE): A Prospective Study” for publication in *BMC Nephrology*.

We have reviewed our most recent version of the manuscript, and have made some minor revisions that consist of primarily grammatical editing. Revisions we have made in the most recent version of the protocol (Final-6534404713657885.August 12 2010.doc) include the following:

1. Page 1: Change of address for correspondence to Toronto General Hospital (current address)
2. Page 2: Addition of sentence “with the exception of bone biopsy, which will be measured once at 12 months” to the methods section of the abstract. We wanted to be more clear about our protocol
3. Page 3, 2\textsuperscript{nd} paragraph: Addition of the sentence “who require renal replacement therapy (also known as end stage renal disease (ESRD)) to clarify the definition of ESRD in our protocol
4. Page 5, study hypothesis #2: addition of “(HR-pQCT)” short version of the term described here
5. Page 6, study design and setting: addition of the sentence “other sites will be recruited as necessary”, since we will be collaborating with other sites as well
6. Page 6, study design and setting: addition of the sentence “with the exception of bone biopsy, which will be performed only once at 12 months”, to clarify the protocol
7. Page 6, ethical considerations: modification of paragraph to state “this study has been reviewed by the local Research Ethics Boards, and has received ethics approval at all participating sites”. Change made to keep this section clear and concise.
8. Page 9, first paragraph: removal of the sentence “BFR has been purported to be the strongest predictor of fracture in patients with renal failure. However this needs to be tested …”; removed because it was repetitive
9. Page 9, muscle strength balance and falls: removal of the sentence “additionally, the association between overall daily energy expenditure and fracture risk will be evaluated using the tri-axial accelerometer (RT3, Stayhealthy Inc., Monrovia

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California) which has previously been used in ESRD patients [25].” Removed since this test was not part of our original protocol

10. Page 10, sample size estimations: change references for the sentence “this 30% is a conservative estimate given prior data that demonstrates that 50% of CKD patients have sustained a fracture prior to starting dialysis” to the appropriate references

11. Page 13, “unable to recruit patients from single site”: changed the potential number of subjects at UHN from 800 to 500, this more accurately reflects the clinic pool

12. Page 13, discussion: addition of “in Canada” to the sentence “no other prospective studies….”; this is a more accurate statement.

The manuscript has been proof read for any errors. Thank you for your continued assistance with this manuscript, and please contact me if you have any questions.

Sincerely,

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