Author's response to reviews

Title: The serum vaspin levels are reduced in Japanese chronic hemodialysis patients

Authors:

Junko Inoue (junchi@mx3.et.tiki.ne.jp)
Jun Wada (junwada@md.okayama-u.ac.jp)
Sanae Teshigawara (sanaea@nifty.com)
Kazuyuki Hida (kzhi@okayama3.hosp.go.jp)
Atsuko Nakatsuka (atsuko-n@md.okayama-u.ac.jp)
Yuji Takatori (y_takap2001@yahoo.co.jp)
Shoichirou Kojo (sho01011125@yahoo.co.jp)
Shigeru Akagi (s-akagi@md.okayama-u.ac.jp)
Kazushi Nakao (nakao-k@md.okayama-u.ac.jp)
Nobuyuki Miyatake (miyarin@med.kagawa-u.ac.jp)
John F. McDonald (john.mcdonald@merckgroup.com)
Hirofumi Makino (makino@md.okayama-u.ac.jp)

Version: 3 Date: 2 November 2012

Author's response to reviews: see over
Nov 2, 2012

Ms Maria Merrie Jul Ladag
The BioMed Central Editorial Team

Dear Editor in BMC Nephrology

We would like to re-submit the revised version of manuscript entitled ‘Serum vaspin levels are reduced in Japanese chronic hemodialysis patients’. We hope we addressed all the issues, which reviewer raised.

Thank you for the consideration of publication.

Sincerely yours,

Jun Wada, M.D., Ph.D.
Department of Medicine and Clinical Science,
Okayama University Graduate School of Medicine, Dentistry and Pharmaceutical Sciences,
2-5-1 Shikata-cho, Kita-ku, Okayama 700-8558, Japan.
Tel.: + 81-86-235-7235
Fax: + 81-86-222-5214
E-mail: junwada@md.okayama-u.ac.jp

Point-by-point response to reviewer

Referee 3

1. This is basically an interesting paper, which, however, is hard to read due to linguistic problems. The paper really needs thorough linguistic revision.
   As the reviewer recommended, we have consulted with Brian Quinn at commercial on-line-edit service, Japan Medical Communication. The changes made were indicated by red font in the revised version of the manuscript.

2. Furthermore, the rationale of measuring vaspin in HD-patients is not clear.
   In Introduction section (page 4, lines 6-14), we described the aim of the study as follow, ‘Recently, we have found that 7% of Japanese population with minor allele sequence (A) of rs77060950 revealed higher levels of serum vaspin (10 ng/ml)[15] and several SNPs within vaspin gene significantly associated with serum vaspin concentrations
reaching P-values of up to $10^{-35}$ in European population[16]. Only small amount of information was available of vaspin levels in HD patients and we conducted cross-sectional clinical study whether serum vaspin levels are altered by the renal function and whether the frequency of the subjects with higher levels of serum vaspin is different in HD patients.’

3. **Is a low vaspin plasma concentration really related to worse outcome in HD patients?**

Since our study is cross-sectional study, it is still unknown whether low vaspin levels really related to outcome of HD patients and we described the limitation of our study in page 14 lines 9-17, ‘The current study is cross-sectional clinical study and there are some limitations. Since cohort studies is required to demonstrate whether lower serum vaspin levels really related to the poor outcome in HD patients.’

4. **In case vaspin really has some predictive power, high-vaspin patients (7% of the population) should be excluded from using this marker.**

For the future clinical studies, genetically-defined groups should be separately analyzed and we discussed in page 14 line 12-17, ‘To demonstrate such relation in cohort study, genetically defined Vaspin\textsubscript{High} and Vaspin\textsubscript{Low} groups should be analyzed separately and Vaspin\textsubscript{High} group should be excluded from using vaspin as a marker.’

5. **The question is, however, can the findings in the Japanese population be extrapolated to other populations?**

At current stage, it is unknown whether our findings are applicable to other ethnic groups. For the comparison of different ethnic groups, the separation of genetically-defined groups is again important and we discussed this point in page 13 lines 1-4, ‘Seeger et al. did not demonstrate the differences in mean serum vaspin concentrations between chronic hemodialysis (HD) patients and controls and this may be due to the analysis combining both Vaspin\textsubscript{High} and Vaspin\textsubscript{Low} groups together,’ and in page 14 lines 14-17, ‘Separation of Vaspin\textsubscript{High} and Vaspin\textsubscript{Low} groups is also important in the comparison of different ethnic groups, and future studies are required to demonstrate current findings are also applied to other ethnic populations.’