Author’s response to reviews

Title: Seroprevalence of Streptococcal Inhibitor of Complement (SIC) suggests association of streptococcal infection with chronic kidney disease.

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Dear Editor,

Thank you for the referee’s comments. In response to Dr Chemouny’s comments, we have made the following changes to the manuscript.

1. Regarding the table summarizing the clinical data (table 1; demography), all statistics in relation to these were given in the text and figure 1 (please see the sections on study subjects; SIC and DRS seroprevalence among CKD and ESRD patients; and the figure 1). Please also see response to comment 3 below. Also, we have performed additional statistical comparisons, as suggested, and have reported these in the text and described the methods (Mann-Whitney test) under the “Statistical Analysis” section.

2. In terms of disease duration, it’s not possible to adjust for this in the regression models since the healthy patients all have zero duration. However, as suggested, we have added to table 1 an additional row showing median duration of disease and inter-quartile range for the CKD and ESRD groups. We also ran a Mann-Whitney test to compare durations between these two groups and the result was not significant: p=0.25 (The duration data are highly skewed, hence the use of this test rather than a t-test). A statement to this effect is now added in the “study subjects” section.

3. Odds ratio after adjustment for age and sex was shown in “SIC and DRS seroprevalence among CKD and ESRD patients”. As suggested, we have given the p values after CI values.

4. We have changed the statement referring to “risk factor” in the “SIC and DRS seroprevalence among the CKD and ESRD patients” section to “Antibody positivity to SIC seem to predict increased predisposition for CKD and ESRD”. We hope this is acceptable.
Best regards
Sri