Author's response to reviews

Title: Diastolic function is a strong predictor of mortality in patients with chronic kidney disease

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Author's response to reviews: see over
Dear Editor,

We thank you and the reviewers for your time in carefully reviewing our paper and for the helpful comments for improving our manuscript. We have responded to the comments below and have made highlighted changes to the text of the manuscript as suggested.

Editorial Request:
In any case, I think the manuscript can be accepted but the authors need to address the following before final acceptance:

1- Page 4: the authors need to clarify if the echocardiogram was just prior to dialysis or immediately after as almost all studies would be within 24 hours.

2- Page 5: it states troponin I was used for MI classification but elsewhere it states that troponin T was used. Please clarify.

3- Page 7: the comparison to the SHARP study does not add to the paper. It seems more appropriate to compare to the CRIC study results.

4- Page 9: the authors need to add another limitation to their study. It's the combination of those on dialysis and those not yet on dialysis as there may be a selection bias.

1. After the previous revision, the manuscript was changed to state that all studies were performed within 24 hours after dialysis.

2. References to troponin I and T are correct. Troponin I is used in our institution for the diagnosis of MI. In this study we measured Troponin T as a routine biochemical test, as previous studies have suggested that Troponin T is associated with a worse outcome in CKD patients.

3. We compared our mortality rate to the SHARP trial as this is a recent trial of CKD patients in stages 3-5 including 32% on dialysis. We felt this was a reasonable comparison as we had stage 4-5 CKD patients with 37% on dialysis. We agree that comparison with the CRIC study as suggested would also be valuable and we have added highlighted references to outcome results from this study on page 7, echocardiographic results on page 8 and troponin T results on page 9.

4. We have added another limitation as highlighted on page 9, stating that our sample size was small, raising the possibility of selection bias, and that we included both dialysis and non-dialysis patients and this may make the results more difficult to interpret.

We hope that with these changes the manuscript would be acceptable for publication. We thank you for your consideration of our manuscript and we would be happy to receive further comments from the reviewers and the editor if required.
Warm regards,

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