Author's response to reviews

Title: Controversial significance of early S100B levels after cardiac surgery.

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Author's response to reviews: see over
Dear editor

We have read the Comments of Dr Rasmussen and have the following comments

1 - Type 1 error
A section have been added where we mention the possible hazards of a type-1 error.

2 - Primary end-point vs Sample size
Have been discussed in conjunction with comment no 1

3 - 95% Confidence interval
Have been added

4 - Data presentation of non- Gaussian data
Of course, a skewed distribution is best presented by other methods than mean±SD. A variety of options are possible. However, in almost exclusively all literature (also in papers by Dr Rasmussen) that has been written on S100B in different settings mean±SD have been used. The reason for us choosing mean±SD is that it makes comparison with other studies simpler. I personally find it of great value to compare S100B levels between different studies, since it gives you information of how study data compare. If, however, it is the will of the editor, we can change the way data is presented to, for example, median and ±25% interval. However, this format has been used very seldom in other papers on S100B

Regression and correlation analysis

We exclusively use univariate and multivariate regression analysis in this study. No correlation analysis were made. However, we use the term correlation to describe of refer to the relation found between two variables in a regression analysis. This might seem a bit confusing. However, we and many other use the term correlation in this non-statistical definition in these kind of studies.

I hope that these amendments and comments will satisfy both the peer reviewer and the editor.

Yours sincerely