Author's response to reviews

Title: The Vermont Oxford Neonatal Encephalopathy Registry: rationale, methods, and initial results

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**Cover Letter**

The proposed manuscript represents the rationale, methodology, initial demographic results, and discussion for the Vermont Oxford Network Neonatal Encephalopathy Registry. A previous report detailing solely the rationale, protocol, and analytic plans for our registry was submitted to BMC Pediatrics in 2010 (MS: 3366550613421648). After review of the Registry, the reviewers suggested that our report contain initial demographic results.

Another manuscript was submitted March 5, 2012 to address changes suggested by the editorial team:

The editors have requested confirmation that informed consent was obtained for patient information to be accessed for the study. The Registry has been reviewed and approved by the IRB at the University of Vermont. Additionally, each participating hospital submits the project to their local IRBs for review and each participating site is required to submit a letter of IRB approval from before participation in the Registry.

The editors have also requested confirmation that each infant’s parents’ consent was obtained prior to inclusion in the study. We are unable to make this requested. Consent from the parents of the infants in the VONER is not sought. All data are de-identified prior to submission and as such identification of parents is not possible. However, as outlined above, institutional consent is obtained from each participating hospital / medical center. The Registry does not dictate patient care, propose any interventions, or endorse any protocols for treatment. Each infant receives care according to the standards of that institution. There is no risk for participation of individual. Since there is no additional risk for individual patients, and only de-identified data are submitted to the Registry, individual patient consent is not required.

The editors have requested a ‘Competing interests’ section which is now included.

The editors have requested that the ‘Authors’ Contributions and Acknowledgements’ section to conform to your formatting requirements. This has been amended as per your request.

Another manuscript is submitted March 7, 2012 to address changes suggested by the editorial team:

The editors have requested a statement in the manuscript detailing that ethical approval was obtained for the particular study detailed in this report, and name the relevant review board, with reference number if applicable. A statement is now included detailing that the University of
Vermont and State Agricultural College Committee on Human Research in the Medical Sciences (CHRMS) Institutional Review Board (IRB) at the University of Vermont granted ethical approval for the methods of the NER (reference number CHRMS 06-100).

Another manuscript is submitted May 17, 2012 to address changes suggested by the editorial team:

Referee 1: suggested two discretionary revisions.

1. The first discretionary revision is for inclusion of more detail regarding our broad eligibility criteria which were designed in order to ‘cast a wide net’ that would capture all cases of neonatal encephalopathy. We have added the following text in the results section, “Among infants with multiple eligibility criteria, 30.7% received hypothermia, 28.1% had an Apgar score of 3 or less, 26.9% had a clinically apparent seizure, 17.2% had stupor or coma, and only 1.2% had neuromuscular blockade.”

2. The second discretionary revision is for discussion of the future of the Registry including proposed updates (such as the MRI injury scoring). We are unable to fulfill this request at this time. The Steering Committee is currently evaluating various options and the future of the Registry is yet to be determined.

Referee 2: made no suggestions.