Author's response to reviews

Title: Is albumin gradient or fluid to serum albumin ratio better than the pleural fluid lactate dehydrogenase in the diagnostic separation pleural effusion? An analysis using Receiver Operating Characteristic

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PDF covering letter
Dear Enitan Sawyerr,

Re: Is albumin gradient or fluid to serum albumin ratio better than the pleural fluid lactate dehydrogenase in the diagnostic separation pleural effusion? An analysis using Receiver Operating Characteristic.

Please find the revised version of the manuscript titled. While revising the manuscript we have in to account the comments of both the reviewers. Please find below a point-by-point response to the comments of the reviewers and a summary of changes made.

We hope that the manuscript is now acceptable for publication in BioMed Central.

Comments by Dr. Lesley Burgess

Comment 1 Title changed

Comment 1, 2, 3b and 3e: Serum to effusion changed to serum-effusion

Comment 3a: We feel" is" in the title is appropriate

Comment 3c: Unit for FLDH corrected

Comment 3d: Unit for FLDH corrected on page 3 and Light capitalized
Comment 3f: As per the suggestion of the statistical reviewer, we have presented all results as median and interquartile ranges. Furthermore, Units changed as suggested by the reviewer (3f)

Comment 3g1: Incomplete units changed

Comment 3g2: Extra al from Roth et al has been deleted

Comment 3g3: SEGA changed to SEAG

Comment 3h: Spelling of pathophysiology corrected

Discretionary revisions:

Comment 1a: Consecutive included in the materials & methods section of the manuscript

Comment 1b and 1c: Statement about the pleural fluid collection and storage included in the materials & methods section paragraph 2.

Comment 2: A sentence concerning the strength of our study has been added to the first paragraph of discussion (line 6-8).

Comment 3: A new paragraph has been added in the discussion to reflect the number of patients with false positive and false negative results. See discussion para 3.

Comment 4: TPR has been deleted from the last sentence of the manuscript.
Comments by Dr. E. Villanueva

Comment 1: “Final response rate” has been deleted from the text.

Comment 2a: A statement regarding the selection of the optimum cutoff point is included in the statistical analysis section. Page 5, lines 1-4.

Comment 2b: Standard error of mean has been changed to median and interquartile range.

Comment 2c: A sentence has been included in the statistical analysis section to denote that the results are presented as median and interquartile range.

Comment 3a: According to the reviewer the compliment has been deleted.

Comment 3b: Presentation of variables not normally distributed has been changed to median and interquartile range.

Comment 3c: FLDH was the best…. Has been changed to FLDH performed better compared to SEAG and ALBR as documented by the highest value for the AUC. See discussion para2 line 5

Comment 3d: Confidence interval for AUC included in the results. see para 2 line 5.

Comment e & f: we have performed the appropriate statistical testing as suggested by the reviewer; please see section on statistical analysis, line 8-12. Furthermore, an exact p value has been derived and presented. See results para 2, line 6-8.
Comment g: confidence interval included as suggested in the results section.  
See results line 8-11.

Comment h: a paragraph has been included in the discussion section offering extra clinical evidence as suggested by the reviewer. See discussion para 3.

Comment i: We have provided the available socio-demographic and the diagnostic details of the patients included in this series.

Comment 4a: We have included a sentence on the role of SEAG and ALBR in clinical practice in the last paragraph. See discussion para 6, line 4-7

5a: A separate conclusion section has been included. See page 8

Comment 6a: Figure legends have been modified

Comment 6b: legend changed as suggested by the reviewer.

Comment 7a: Median and interquartile range are included in table 1.

Comment 8a: legends changed as suggested

Comment 8b: a base line has been included in figure 2

Comment 8c: units of measurement included for SEAG

Comment 9a: reference changed to BioMed Central format

Comment 9b: we have checked the capitalization grammar.

Comment 9c: Heading levels have been made more distinctive.
Comment 9d: All abbreviations have been defined on first use.

Comment: 10: Conflicts of interest: none. A statement has been included at the end of the manuscript. Page 10

Summary of changes made:

We have changed the title. Serum to effusion changed to serum-effusion. We feel that "is" in the title is appropriate. Unit for FLDH corrected and Light capitalized. As per the suggestion of the statistical reviewer, we have presented all results as median and interquartile ranges. Furthermore, Units changed as suggested by the reviewer and incomplete units changed. Extra al from Roth et al has been deleted. SEGA changed to SEAG and we have corrected the spelling of pathophysiology. Consecutive included in the materials & methods section of the manuscript. Statement about the pleural fluid collection and storage included in the materials & methods section. A sentence concerning the strength of our study has been added to the first paragraph of discussion. A new paragraph has been added in the discussion to reflect the number of patients with false positive and false negative results. TPR has been deleted from the last sentence of the manuscript.

“Final response rate” has been deleted from the text. A statement regarding the selection of the optimum cutoff point is included in the statistical analysis section. Standard error of mean has been changed to median and interquartile range. A sentence has been included in the statistical analysis section to denote that the results are presented as median and interquartile range. According to the reviewer the compliment has been deleted. Presentation of variables not normally distributed has been changed to median and interquartile range. FLDH
was the best…. Has been changed to FLDH performed better compared to SEAG and ALBR as documented by the highest value for the AUC. Confidence interval for AUC included in the results. We have performed the appropriate statistical testing as suggested by the reviewer. Furthermore, an exact p value has been derived and presented. Confidence interval included as suggested in the results section. Comment h: a paragraph has been included in the discussion section offering extra clinical evidence as suggested by the reviewer. We have provided the available socio-demographic and the diagnostic details of the patients included in this series. We have included a sentence on the role of SEAG and ALBR in clinical practice in the last paragraph. A separate conclusion section has been included. Comment 6a: Figure legends have been modified. : Legend changed as suggested by the reviewer. Median and interquartile range are included in table 1. Legends changed as suggested. Base line has been included in figure 2.

Units of measurement included for SEAG. Reference changed to BioMed Central format. Comment. We have checked the capitalization grammar. Heading levels have been made more distinctive. All abbreviations have been defined on first use. Conflicts of interest: none. A statement has been included at the end of the manuscript. Page 10.