Author's response to reviews

Title: Hip resurfacing in a district general hospital: 6-year clinical results using the ReCap hip resurfacing system

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Author's response to reviews: see over
Dear editor, dear reviewers,

We thank the reviewers for providing us with the opportunity to further improve the quality of our manuscript. Below, we have given a point-to-point response to the issues raised by the reviewers after reviewing our revised manuscript.

Reviewer 1

No additional requirements to the manuscript were asked by reviewer 1.

Reviewer 2

1. The number of subjects at risk at each year needs to be provided in the Kaplan Meier graph. The confidence interval should also be drawn on the graph.

   Authors response: We have uploaded a figure containing a new table which has detailed data on the number of subjects at risk at each year in the Kaplan Meier estimate. May we suggest to the editor to make this table available as extra data? For your convenience we have provided this table at the end of this response as well. To provide further details on the number of patients at risk in the manuscript we have added the following sentence in the method section, patients paragraph:

   The entire group involved 240 patients (280 resurfacings) with a mean follow-up of 3.3 years (1 to 6.3) of whom 43 were followed-up for five years and 29 for six years.

   Furthermore we have uploaded a new figure 3 Kaplan Meier graph, completed with 95% confidence interval lines drawn in this graph.

2. Also should be discussed that other series have shown good 5 year survival and then reported an increase in failures due to ARMD, e.g. Steffen et al JBJS Br, 2008 and Glyn-jones et al JBJS Br, 2009.

   Authors response: We agree with the reviewer that it is important to discuss worse survival due to ARMD after midterm follow-up. To stress this point we already had incorporated the reference by Langton et al (J Langton DJ, Jameson SS, Joyce TJ, Gandhi JN, Sidaginamale R, Mereddy P, Lord J, Nargol AV. Accelerating failure rate of the ASR total hip replacement. J Bone Joint Surg Br 2011, 93:1011-1016.). We have discussed this issue in more detail by adding the following the sentences to the discussion paragraph:
Glyn-Jones et al. extensively studied the risk factors for pseudotumor formation in a large series of hip resurfacings. Gender and age had a significant independent influence on the revision rate for pseudotumour formation, and the incidence increased with time, with a mean time to pseudotumour revision of 3.5 years (1 to 8.3 years) [24]. In the series presented by Steffen et al., there were three revision cases possibly related to metal debris. Two of these cases were revised around two years post-operatively, the other one at 5.6 years after surgery [25]. These mean times to pseudotumour revision are within the maximum follow-up time of our case series (6.3 years), but we will have to stay alert on ARMD occurrence with longer follow-up.

We have added the following references to our reference list


Kaplan Meier data table

<table>
<thead>
<tr>
<th>Year</th>
<th>Number at start</th>
<th>Failures</th>
<th>Withdrawn</th>
<th>Number at risk</th>
<th>Accumulated survival (%)</th>
<th>95% Confidence interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 1</td>
<td>280</td>
<td>9</td>
<td>3</td>
<td>279.5</td>
<td>96.4</td>
<td>93.8 to 98.4</td>
</tr>
<tr>
<td>1 to 2</td>
<td>259</td>
<td>3</td>
<td>24</td>
<td>257.0</td>
<td>95.7</td>
<td>92.4 to 97.6</td>
</tr>
<tr>
<td>2 to 3</td>
<td>229</td>
<td>2</td>
<td>40</td>
<td>222.0</td>
<td>94.8</td>
<td>91.4 to 97.0</td>
</tr>
<tr>
<td>3 to 4</td>
<td>185</td>
<td>1</td>
<td>48</td>
<td>176.0</td>
<td>94.3</td>
<td>90.7 to 96.6</td>
</tr>
<tr>
<td>4 to 5</td>
<td>135</td>
<td>1</td>
<td>53</td>
<td>124.5</td>
<td>93.5</td>
<td>89.9 to 96.1</td>
</tr>
<tr>
<td>5 to 6</td>
<td>80</td>
<td>0</td>
<td>43</td>
<td>75.5</td>
<td>93.5</td>
<td>89.9 to 96.1</td>
</tr>
<tr>
<td>6 to 7</td>
<td>37</td>
<td>0</td>
<td>29</td>
<td>29.5</td>
<td>93.5</td>
<td>88.8 to 95.3</td>
</tr>
</tbody>
</table>