Author's response to reviews

Title: Hemiarthroplasties in young patients with osteonecrosis or a tumour of the proximal femur; an observational cohort study

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

We would like to thank you for your time and effort spend on reviewing our manuscript. We adjusted the manuscript on most of your remarks and suggestions and hope it has improved to your expectations. First of all it has been language checked and corrected by B. Zevenbergen and C. Detweiler whom are both native speakers.

We would like to reply on all remarks raised by the reviewers point by point.

Reviewer Mr William C Eward

General

We are pleased to read that the reviewer agrees with us that the topic is both interesting and controversial. The errors in English grammar and diction were quite extensive. It’s not an excuse, but as you might have guessed we’re not native speakers. We found two native English colleagues who corrected the manuscript and hope it’ll now meet your high standard.

Major essential revisions

1. The references in the mentioned sentences have been added.
2. The references in the mentioned sentences have been added.
3. Please find the explanation at the general remarks session of our answer.
Minor essential revisions

1. In the first sentence “the acetabulum component” has now been changed to “the acetabular component”.
2. In the first sentence of methods in our abstract the adjunct “as indication” has been removed.
3. Difference has been changed to differences and numerical group has been changed to numerical groups throughout the manuscript.
4. The sentence: “An alpha value of 0.05 was used as level of significance.” has been removed from the abstract.
5. Thank you for this suggestion, we have gratefully used this sentence.
6. The term “bone impaction grafting” is changed to “impaction bone grafting”.

Discretionary revisions

1. The numbers of patients with osteonecrosis and tumours have been added in the methods section of our abstract.
2. We agree with you that this is an important message of our manuscript and we added this sentence to both the background as the discussion.

Reviewer Mr Anastasios V. Korompilias

1. Thank you for reviewing our manuscript and valuable comments. Unfortunately we do not agree with your first remark. In this cohort study we only describe our cohort of bipolar hemiarthroplasties in young patients; we don’t intend to compare these results as if it were a controlled clinical trial or even a randomized trial. The main purpose of this (and most other) cohort study is to describe the results in a certain cohort, and maybe find some differences in certain groups which could lead to a new research question for further research or a controlled clinical trial.
We are aware of the possibility of confounders and bias (especially selection bias), but in observational research this is rather the rule than the exception; we do not aim (and also do not claim) to describe causal research in this manuscript. The points you raise in point one are true, however, these point are true in almost any cohort study, it’s just observation of usual care with its common disadvantages. We feel the two diagnoses may differ a lot, but their main (and important) common factor is: the patient needs a hip arthroplasty, but the acetabulum is relatively unaffected.

2. We completely agree with you that the lay-out has been “strange”; we adjusted it and want to apologize for the strange lay out.

3. As mentioned in the answer on the first remark, we analyzed our results from this cohort study by describing the failures and search for differences between failures and non failures. The main analysis we performed is a logistic regression analysis both univariate and multivariate. This is simple statistics only searching for some differences in the failures and the non failures and is comparable to a lot of cross tabs. The conclusion we draw can be drawn on these data. Hemiarthroplasty is a good option with a reasonable survival; in this observational study we found inferior results in the monopolar group so we don’t recommend using these kind of prosthesis, we don’t state that they are poor or poorer than the bipolar ones.

4. As stated above in the answer on remark one, we feel the inclusion of both diagnoses is appropriate because these two diagnoses in young patients are the main reason for hemiarthroplasties in young patients. We agree with you that in further research on aetiology (controlled clinical trial or RCT) and comparing these two types of implant the researchers can choose for including only one of the diagnosis groups, stratify for it, or do a block-randomization.
We hope we have been able to adjust our manuscript and answer your questions as to your expectations, and hope it is now acceptable for publication in BMC Musculoskeletal Disorders.

On behalf of all co-authors, Yours Sincerely,

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