Author's response to reviews

Title: Surgery versus Conservative Treatment in Patients with Type A Distal Radius Fractures, a Randomized Controlled Trial

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Author's response to reviews: see over
Amsterdam, January 5th, 2014

Dear editors,

Thank you very much for giving us the opportunity to revise our manuscript. We would also like to thank the reviewers for their time, expertise and constructive criticism. The reviewers’ comments are addressed in a separate letter below.

We profoundly hope that the comments have been addressed sufficiently in this revised manuscript. However, please feel free to make any necessary adjustments as you see fit.

Yours sincerely,

N.W.L. Schep, MD, PhD, Msc
Dear reviewer #1,

We would like to thank you for your time and expertise. We are delighted to have been given the opportunity to revise our manuscript.

You will find a reference to the Orchid study in the Introduction section on page 6, first paragraph.

We hope to have sufficiently addressed your comments.

Yours sincerely,

Niels Schep, MD, PhD, Msc
Dear reviewer #2,

We would like to thank you for your time and expertise. We are delighted to have been given the opportunity to revise our manuscript. Below you will find a point-by-point description of the changes that have been made, followed by answers to your questions and remarks.

- We regret that the inclusion criteria were not clear. The criteria were adjusted to minimise any obscurities (pages 7 and 8).
- The description of study procedures, including the period from presentation to informed consent and interval to surgery, has been adjusted (pages 8 and 9).
- Patients will not be immobilised after surgery, please see page 8, first paragraph.
- The attrition rate of 10% is based on the research experience in Dutch hospitals of the principal investigator and the other co-authors. The word expected was replaced with estimated (page 13, final paragraph).
- The primary endpoint of one year follow up, as well as the other intervals at 3, 6, 12, 26 and 52 weeks correspond to the Dutch protocol of follow up after treatment of a distal radius fracture. A reference was added (page 13).
- The method of blinding the observer at one year was reconsidered and this section was deleted (page 10).
- The DASH score was chosen as the main outcome because, contrary to the PRWE, its minimally clinically important difference is known.
- The sample size calculation is based on the minimal clinically important difference of the DASH score. This difference is 10 to 15 points. Any smaller changes found will not be clinically relevant therefore the VIPER trial was powered on a difference of 15 points.

We hope to have sufficiently addressed your comments.

Yours sincerely,

Niels Schep, MD, PhD, Msc