Author's response to reviews

Title: The effect of ursodeoxycholic acid in Liver functional restoration of patients with obstructive jaundice after endoscopic treatment: a prospective, randomized, and controlled study

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Author's response to reviews: see over
Dear editors,

We have changed the manuscript conform reviewer comments

To referee 2:

1) We have removed the word “or surgical” from these parts and sections of the manuscript:
   - In the title of the manuscript
   - In the Abstract : section “ methods/ design and discussion
   - Background ( in the last paragraph)
   - In the section “ Hypothesis”
   - In the section “ General aim”
   - In the section “ Specific aims” we have removed the sentence “To evaluate the effect of UDCA in relation to the type of bile drainage (internal or external)
   - In the section “ Study objectives” we have removed the word “ or post- surgical” and the words “ surgical” and “ external derivation of bile”
   - In the sections “ UDCA administration “ and “ Outcomes” we have removed the word “ or surgical”
   - In the section “ Randomization” we have removed the words “ or surgical” and “ operating”
   - In the sections “ data collection” and “ Discussion” we have removed the word “ or surgical”

   After these changes, the effect of UDCA will be evaluated, only, after endoscopic treatment and internal drainage of patients with obstructive jaundice.

2) In the section “Power of the study“ we have changed the text “A clinically relevant improvement of liver functional tests is defined as an improvement of 80% of liver functional tests in test group, and an improvement only 40% in control group. In our study, to have an 80% chance of detecting a 50% difference between two groups on improvement of liver functional tests at an alpha level of 0.05, the power calculation indicates that each of the two groups should have at least 27 patients”.

With new version of the text and sample size calculation: “A clinically relevant improvement of liver functional tests is defined as an improvement of 70% of liver functional tests in test group, and an improvement only 40% in control group. In our study, to have an 80% chance of detecting about a 40% difference (70% vs. 40%) between two groups on improvement
of liver functional tests at an alpha level of 0.05, the power calculation indicates that each of the two groups should have at least 48 patients”.

Also, we have changed the manuscript conform Editorial comments:

1) We have designed the manuscript conforms to the journal style.

2) We have added two new sections in the manuscript: Abbreviations and Acknowledgements

Yours sincerely,

Enver Fekaj