Author's response to reviews

Title: Central coordination as an alternative for local coordination in a multicenter randomized controlled trial: the FAITH trial experience

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Author's response to reviews: see over
To the Editor-in-Chief of Trials

Dear Prof. Furberg,

We hereby respectfully submit the enclosed revised manuscript by S.M. Zielinski, E.M.M. Van Lieshout, H. Viveiros, M.J. Heetveld, M.F. Swiontkowski, M. Bhandari, P. Patka, on behalf of the FAITH trial investigators, entitled “Central coordination as an alternative for local coordination in a multicenter randomized controlled trial: the FAITH trial experience” for publication in Trials.
Please find included also our response to the specific comments raised by the reviewers.

We hope that we have provided satisfactory changes to our manuscript. We look forward to receiving your final answer to our manuscript submission.

Sincerely,

Stephanie M. Zielinski, MD
(First author)

Esther M.M. Van Lieshout, PhD
(Corresponding author)
REVIEWER 1:

1) **Addition of reference:**
The reference to the paper of Farell et al. has been added as requested (Introduction, second paragraph).

2) **Relevance of a central trial coordinator:**
Two sentences were added to the Discussion, to add the idea that a central coordinator may contribute to the impartiality of data gathering (Discussion, before final paragraph).

3) **Change title:**
The term 'per patient payment' was replaced with 'local coordination' in the title as requested.

REVIEWER 2:

1) **Higher percentage of non-university teaching hospitals in the Netherlands:**
The higher percentage of non-university teaching hospitals participating in the Netherlands was a direct consequence of the central coordinator method applied. In order to emphasize that this might have affected the results (i.e. faster enrolment and high inclusion rates) two sentences were added to the Discussion (Discussion, fourth paragraph).

2) **Study design limitation:**
One sentence was added to the discussion in order to explain the limitation in study design and to indicate what would have been a more ideal study design (Discussion, final paragraph).

3) **Time points for enrolment:**
The time points for enrolment were moved to the Results section as requested (Results, Trial period, first paragraph).

4) **Practical recommendations:**
Practical recommendations for the set-up of future clinical trials were added to the Conclusion. It states the situations in which a central coordinator approach should be considered (Conclusion).