Author’s response to reviews

Title: Quinolone Prophylaxis for the Prevention of BK Virus Infection in Kidney Transplantation: Study Protocol for a Randomized Controlled Trial

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Dear Dr Furberg:

Thank you for sending the reviewers comments. We have addressed each concern and made changes to the manuscript when appropriate. Our responses are noted below.

Sincerely,

Greg Knoll

Response to Reviewer #1 (Ilkka Helanterä)

1. “In the introduction, the authors describe the prognosis of BKV nephropathy to be poor average transplant failure rate 46%, up to 100%). This is probably true in older patient series, but in the very recent years, much better outcome has been reported (such as Schaub et al, AJT 2010, among others). This could be discussed.” This section has been expanded and the suggested reference added.

2. “The reference to the randomized controlled trial published in 1980 is missing (introduction, paragraph 2).” This reference has been added.
3. “BK viruria is quite commonly seen also in healthy nonimmunosuppressed individuals, but with lower urinary viral load. So, some patients might excrete BKV in the urine already before or at the time of transplantation from native kidneys. This could be discussed, as it may have an impact on the sensitivity of this study to detect changes in the primary endpoint (time to viruria). Therefore it is important that the viral load in urine and BK viremia are measured as well (in this protocol as secondary clinical outcomes).” We are obtaining a baseline urine sample and testing it for BK virus to ensure no viral shedding at the time of transplantation. The schedule of urine tests has been clarified in the revised manuscript (page 10). To date, no trial participant has tested positive for BK virus in the baseline urine specimen.

4. “Under the subheading “trial intervention”, a reference number "72" is given, this is probably a mistake? This reference has been corrected.

5. “Under the subheading "Outcome measures": "Participants who take at least 80% of study medication and do not report any episodes of non-adherence will be classified as adherent". How is the frequency of taking the study medication measured?” Medication adherence is measured by pill count at each study visit and direct patient questioning. This has been added to the revised manuscript on page 11.

Response to Reviewer #2 (Jacques Lacroix)

1. “The authors should take into account the comments made by Dr Helanterä”. We have done so, please see previous section.

2. “Page 8, section entitled “Other Trial Manoeuvres”, 6th line: “C. difficile” rather than C. Difficile”. Change has been made.


4. “The references must be formatted according to the editorial standards of the journal TRIALS. In the body text, references must be reported with plain text and between brackets; thus, they must look like [1-3] rather than 1-3 (superscript). In each reference, all authors must be listed, up to 30 authors, before adding “et al”. The list of authors must be ended by a colon (:) rather than a period (.). The title must be printed in bold characters (all references). Put a comma after year of publication (example: 1999, 200:149-170). The name of the journal must be in italics (all references). Volume must be printed in bold characters (all references). Delete number of issue, unless there is a supplement (xx references). Please, provide full range of pages (references 7, 8, 10, etc). References 7, 8, 11, 13, 17-21, 23, 25-32, 34-41. – Put year of publication before the volume. These changes have been made.