Author's response to reviews

Title: The effect of the time interval between coronary angiography and on-pump cardiac surgery on risk of postoperative acute kidney injury: a meta-analysis

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Version: 2 Date: 21 July 2013

Author's response to reviews: see over
Dear Editor-in Chief Vipin Zamvar and David Taggart,

Thank you very much for your letter concerning our manuscript ID 1731885805102052 entitled "The effect of the time interval between coronary angiography and on-pump cardiac surgery on risk of postoperative acute kidney injury: a meta-analysis". We have carefully read your and the reviewers’ comments on our manuscript and would like to thank you and the reviewers for the insightful and helpful critiques. In response to the reviewers’ comments, we have thoroughly revised our manuscript. As a consequence, we believe that the manuscript is considerably strengthened. Below please find our point-by-point response to the reviewers.

Comments from reviewer 1:
Reviewer's report

Title: The effect of the time interval between coronary angiography and on-pump cardiac surgery on risk of postoperative acute kidney injury: a meta-analysis

Version: 1 Date: 2 July 2013
Reviewer: Henrique Murad

Reviewer's report:

There is no need of revision
Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
None

Comments from reviewer 2:
Reviewer's report

Title: The effect of the time interval between coronary angiography and on-pump cardiac surgery on risk of postoperative acute kidney injury: a meta-analysis

Version: 1 Date: 7 July 2013
Reviewer: Vinicius Nina

Reviewer's report:

Major Compulsory Revision: Use of "Fixed-effects models" to compare <1-day and <3-day intervals between CAG and CABG must be clarified.

Acute kidney injury (AKI) in these studies among each subgroups (<1-day and <3-day intervals subgroups) was mainly induce by contrast and ischemia-reperfusion injury after cardiopulmonary bypass, except the only study with deep hypothermic circulatory arrest (DHCA) which we reported separately. We think that all studies included in the subgroup analysis are functionally identical, and the effect size in our meta-analysis differ mainly because of sampling error. So the we are prone to choose the fixed-effect model.

In addition, with a fixed-effect model there was minimal trial heterogeneity for <1-day and <3-day intervals subgroups ($I^2 = 24.0\%, P = 0.238$, and $I^2 = 0\%, P = 0.682$, respectively).

Under the fixed-effect model we can have better information about the effect size in the larger studies. The final result will be more close to the true effect size.

Minor Essential Revisions: Period of literature search is not clear.

The sentence has been changed in the manuscript and appears as follows:

A computerized search of Pubmed, MEDLINE, EMBASE, Web of Science databases, and the Cochrane Library from January 1966 to March 2013 was undertaken to identify potentially eligible studies by the title, abstract, and keywords; no language limitation was applied.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being Published

The revised manuscript was edited for proper English language, grammar,
punctuation, spelling, and overall style by one or more of the highly qualified native English speaking editors at MedSci. Certification of English Editing was provided as an attachment.

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**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.

Thank you again for your review and re-consideration!

Sincerely yours,

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