Author's response to reviews

Title: Contrast associated acute kidney injury by RIFLE criteria and outcome in critically ill patients of medical and surgical intensive care units

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Author's response to reviews: see over
Dear Marielette Costoy

Thank you for your recommendations and comments.

1. You suggested that retrospective studies need power calculations.

In this study, the incidence of contrast-associated AKI is the primary end-point. Thus, a sample size of this study was obtained throughout following statistical base.

Power is the probability of rejecting a false null hypothesis. It should be close to one.

N is the size of the sample drawn from the population. To conserve resources, it should be small.

Alpha is the probability of rejecting a true null hypothesis. It should be small.

Beta is the probability of accepting a false null hypothesis. It should be small.

P0 is the value of the population proportion under the null hypothesis.

P1 is the value of the population proportion under the alternative hypothesis.

A sample size of 335 achieves 100% power to detect a difference (P1-P0) of 0.1052 using a two-sided binomial test. The target significance level is 0.0500. The actual significance level achieved by this test is 0.0316. These results assume that the population proportion under the null hypothesis is 0.0500.

2. You suggested that manuscript should include line and page numbers.

Thus, I revised my manuscript to include line and page numbers.
I would like to resubmit the attached revised manuscript, “Contrast associated acute kidney injury by RIFLE criteria and outcome in critically ill patients of medical and surgical intensive care units” for consideration for possible publication in the *BMC Anesthesiology*.

Sincerely,

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