Author's response to reviews

Title: Assessment of urinary kidney injury molecule-1 and interleukin-18 in the early post-burn period for predicting acute kidney injury in patients with various degrees burn injury

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Author's response to reviews: see over
Dear Editor:

The manuscript entitled “Clinical significance of urinary kidney injury molecule-1 and interleukin-18 levels for the early diagnosis of acute kidney injury in patients with varying degrees of burns” that we have submitted to in BMC nephrology. MS: 6526114941288376.

According to reviewer's report, we have made a number of revisions. In the first, we have changed the title to “Assessment of urinary kidney injury molecule-1 and interleukin-18 in the early post-burn period for predicting acute kidney injury in patients with various degrees burn injury”, and we re-organize and analyze the data of burn patients.

Reply to the reviewer John Cijiang He

1. Title and abstract should more accurately say “early” markers than sensitive markers – as they do not show sensitivity – and compare with any other marker or definition other than creatinine
   We have revised it.

2. The definition of AKI – is this according to RIFLE – if so the authors do not mention urine output was used or not
   We think the urinary output is very important for our research, however, most patients are very reluctant to collect 24h urine output so we have no way to analyze it.

3. Line 77 – age of inclusion is incorrectly written as exclusion criteria
   We have revised it.

4. Pg-6 Line 91 – Was AKI only seen in the Severe burns group – the patients with AKI and NO AKI should ideally be compared for all characteristics in a table to clarify who they are
   We have added the “Spectrums of in burn patients with AKI” in the Results when we re-organize and analyze the data.
5. The different time points of urine collection are not listed in Pg 7 Line 100-101
   We have revised it.

6. Mean Age of people with severe burns > moderate burns > mild burns – this needs to be noted explicitly as may confound analysis
   We have revised it.

7. Table-1 and Line 145 pg 9 – what time points in the hospital say do these values represent – are they baseline
   We have revised it.

8. Line 162 – blood BUN is wrong – BUN
   We have revised it.

9. Introduction – “Dead” should ideally be changed to deceased
   We have revised it.

Reply to the reviewer Athina Lavrentieva

1. The final paragraph needs to be more focused and more clearly describe the study’s goals.
   Thank you very much for your good suggestion. We have revised the study’s goals.

2. Materials and Methods, Results sections:
   ① Authors should explain why the urinary output criteria had not been included despite its apparent ability to identify additional cases of AKI.
   We think the urinary output is very important for our research, however, most patients are very reluctant to collect 24h urine output so we have no way to analyze it.
   ② Urine specimens were collected from patients in each group at the time of admission and were collected again 48 hours after admission.
   In fact, urine specimens were collected from patients in each group at the time of admission and were collected again 48 hours after admission in our research.

3. Correlation with ALT and AST is inadequately outlined in the discussion section and does not provide any additional information to the study. The same is also true
regarding the correlation with albumin levels.
We think the level of ALT and AST is not important in our research so we are not
discuss it.
As to ALB, some references think it can induce hypovolemic shock, causing a
deficiency of effective circulating blood volume, which seriously affects
hemodynamics and it may related to AKI. So we analyze it in detail.

4. Additional clinical data should be provided and analyzed as to the severity of illness,
the severity of organ failure, the severity of burns.

It’s a good idea. Thank you again. We have added the “Spectrums of in burn patients
with AKI” in the Results when we re-organize and analyze the data.

5. Discussion should be rewritten.

We have revised it.

6. Minor essential revisions

We have revised according to the opinion of reviewer.

Reply to the reviewer Ron Wald

1. Is there a reference that justifies the severity staging of the burns?
   Please see References 8

2. Why was AKI only evaluated for the severe burn group?
   We re-organize and analyze the data of burn patients and we find there are 3 patients
   in moderate burn group.

3. Data presentation is very confusing.
   We have revised the Data presentation.

4. Justification for some of the exclusions is not present. I also believe there is a typo
   around the age ranges for the study.
   The exclusions we have revised. age < 15 years or > 65 years.

5. Minor essential revisions
   We have revised according to the opinion of Ron Wald.
Thank the reviewers again for their good suggestions. Now I send the revised style to you and I expect it can be proceed with peer review as soon as possible.

Sincerely,

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