Author’s response to reviews

Title: The predictive value of diaphragm ultrasound for weaning outcomes in critically ill children

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Dear Messers Henderson and Cryer,

We would like to thank you for considering our original research for BMC Nephrology. The reviewers comments are helpful and our responses to these have been amended in the text and also listed below.

Firstly, we have changed the title of the manuscript to make it more general and so that it reflects the few questions the study aims to assess. Our new title is: “Urinary tract infections in renal transplant recipients at a quaternary care centre in Australia”.

With respect to Reviewer 1’s comments:

• We have provided more information regarding induction immunosuppression. This can be found in the Results section, line 149, page 6. We also analysed for any difference between the two groups in terms of the percentage who received thymoglobulin vs basiliximab induction. This too can be found in the Results section, line 151, page 6.

• We have provided more information also on maintenance immunosuppression. This can be found in the Results section, line 152-158, page 6.

• With respect to the last two paragraphs of the Background, we agree that the penultimate paragraph about asymptomatic bacteriuria does not flow well with the rest of the Background,
nor does it fit there. We have removed it from the Background and instead only briefly mentioned asymptomatic bacteriuria in the Conclusions section, lines 274-276, page 11.

We have also expanded the last paragraph of the Background to better reflect our study aims and equally better meet the expectations set in an introduction. This can be found in the Background section, lines 89-93, page 4.

• We did stratify the severity of UTIs into simple cystitis vs complicated UTI/pyelonephritis. This can be found in the Methods section, lines 120-123, page 5. In terms of difference in outcomes, this can be found in the Results section, line 171-174, page 7.

With respect to Reviewer 2’s comments:

• Only 72 patients were included in this study for a number of reasons. Because we do not perform the transplant surgery, these are the total number of patients received back from other transplanting centres during this time period. Furthermore, a renal transplant service was only established at our centre in 2009 and as such, relatively small numbers of patients were referred back to our centre in this time period.

• In terms of Inclusion/Exclusion criteria, this has been elaborated on in the Methods section, lines 103-107, pages 4-5.

• In terms of mismatch information, this can be found in the Results section, line 191, page 8.

• In terms of initial induction therapy type, this too can be found in the Results section, lines 149-151, page 6.

This paper is original work and has not been published elsewhere. All authors contributed significantly to the paper, have no conflicts of interest and have approved the final version of this manuscript. All authors of this paper have read and give approval for the submission of this manuscript.

I thank you for your reviews and further consideration of this paper.

Yours sincerely,
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