Author’s response to reviews

Title: Comparison of the efficacy and safety of FP 1201 lyo (intravenous recombinant human interferon beta-1a) and placebo in the treatment of patients with moderate or severe acute respiratory distress syndrome: study protocol for a randomized controlled trial

Authors:

Geoff Bellingan (geoff.bellingan@uclh.nhs.uk)
David Brealey (david.brealey@uclh.nhs.uk)
Jordi Mancebo (JMancebo@santpau.cat)
Alain Mercat (AlMercat@chu-angers.fr)
Nicolò Patroniti (nicolo.patroniti@unimib.it)
Ville Pettilä (ville.pettila@hus.fi)
Michael Quintel (mquintel@gwdg.de)
Jean-Louis Vincent (jlvincent@intensive.org)
Mikael Maksimow (mikael.maksimow@faronpharmaceuticals.com)
Markku Jalkanen (markku.jalkanen@faronpharmaceuticals.com)
Ilse Piippo (ilse.piippo@faronpharmaceuticals.com)
V Ranieri (marco.ranieri@uniroma1.it)

Version: 1 Date: 23 Sep 2017

Author’s response to reviews:

Replies to reviewers' comments - all new/revised text is in red font.

1. It seems that you omitted descriptions for several SPIRIT items that in our view are applicable to any randomized controlled trial. One possibility is that what the items refer to were not done in the trial; another is that you may see the description as unnecessary. When an item is truly “not applicable”, it is to your advantage to provide a succinct explanation so that the readers understand the rationale for not addressing the item on the SPIRIT checklist in their protocol. Please provide a brief justification if these elements are truly irrelevant to your trial, or if they are relevant (which we think most of them are), please provide succinct descriptions.
Author response: We have checked our manuscript again and added descriptions in the text for any SPIRIT checklist items that were missing.

2. Please fully define all your outcomes following the framework described in Zarin NEJM 2011;364:852-60. Your outcome definition should include these 5 elements: the domain (name of the outcome), specific measurement, metric, method of aggregation, and time point.

Author response: We have now expanded our definitions of outcomes to include these elements (pages 12-14).

3. Please write your methods and procedures using active voice.

Author response: We now use the active voice when applicable, but as this is a multicenter study and the patients will be managed by different members of the study site teams and not just by the authors of the present article (hence limiting our ability to use the first person pronoun, “We”), we are not sure that the active voice is always appropriate or possible. We have therefore left some of the methods section in the passive voice, similar to other protocols published recently in Trials.