

April 19, 2013

**Dear Editor,**

Please find enclosed the edited manuscript in Word format (Manuscript number 2528- World Journal of gastroenterology.)

**TITLE:** Procalcitonin, and Cytokines Document a Dynamic Inflammatory State in Non-infected Cirrhotic Patients with Ascites

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**NAME OF JOURNAL:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 2528

The manuscript has been improved according to the suggestions of the reviewers.

Abstract: additional results data is added including their p values.

Introduction:

- A reference was added to the paragraph "Even in the absence.."

Methods:

- We added our inclusion and exclusion criteria
- We reported that none of our patients received antibiotics before presentation
- Group 2: patients had U/S or CT and it showed no ascites
- This is not a multicenter study. This is a single center study involving expertise from different centers

Results:

- We apologize for a mistake in typing the results in the manuscript: serum should be substituted by ascetic fluid and ascitic fluid should be substituted with serum on line 11 of page 8 of the original manuscript. This was corrected and it now matches the results in

our tables 4A, 4B, and 6. The reviewer has noticed this discrepancy and we are grateful to him/her

#### Prognosis:

- Reviewer: several questions related to prognosis including “Could PCT or other inflammatory cytokines perform as a prognostic factor?” Response: This study was not designed to evaluate prognosis. However, it is well known that once ascites develops, the meantime to death is 5 years and once large volume ascites occurs, the survival is less than 1-2 years<sup>[36]</sup>.

#### Discussion:

- Revised the discussion to address the role of PCT in SBP and incorporated the findings of other studies which were suggested by the reviewer.

#### **The Second Reviewer:**

- 1. General Comment:** we followed the recommendations of the reviewer and modified the methodology section by following the STARD statement for reporting studies of Diagnostic Accuracy.

- 2. Page 6: paragraph 1**

- We followed the reviewer recommendations by defining the large volume paracentesis and spontaneous bacterial peritonitis.

- 3. Page 6: paragraph 2**

The list of cytokines analyzed is added to the text which include: IL-1A, IL-1B, IL-6, IL-8, IL-10, MCP, TNF $\alpha$ , IFN $\gamma$ .

- 4. Page 6: paragraph 3**

- Reviewer: Why did you use SEM and not SD?

Response: If one identifies either the standard deviation (SD) or the standard error of the mean (SEM) and the number of assessments made, the other either SD or SEM can be readily determined mathematically. We chose the standard error of the mean for presentation because in general if the mean + SEM of the two groups do not overlap; they are highly likely to be statistically significant. This makes rapid reading by the clinician easy.

- Reviewer: When and why did you use the paired t-test?

Response: There was a typing error. We used the unpaired t-test

- Reviewer: You should the ANOVA test?

Response: We did use the ANOVA test for our study as the reviewer has suggested.

The p values: We respect the reviewer's comments about the statistical analysis but wish to point out that a  $p < 0.05$  is universally considered to document a significant difference between two groups. A  $p < 0.01$  or  $p < 0.001$  is not more significant. A significant difference once identified is significant.

## **5. References** and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

*Bashar Attar*

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