

Format for ANSWERING REVIEWERS

August 25, 2012



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2429-review.doc).

Title: Ten Years of Hip Fractures in Italy: for the first time a decreasing trend in elderly women

Author: Piscitelli P et al.

Name of Journal: *World Journal of Orthopaedics*

ESPS Manuscript NO 6213

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

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

1. How to identify the patients in your health care system?

The ministry of health uses the social security number which is personal.

2. Does your system apply a unique personal identifier (personal identification number), which are able to distinguish the patient at any time?

Yes, the system used at central level by the ministry of health was able to distinguish the patient at any time through the social security number.

3. Is it possible that the same patient more than once will be counted in relation to the same disease in the same or different hospitals in connection with fracture incidence?

No. The fracture has been counted only one time for each patient in all the time-window because the analyses have been carried out by using the MAJOR DIAGNOSIS ICD9CM code for hip/femoral fracture.

4. Can you distinguish the fractures by laterality? No, we do not know if it is left or right.

Can you detect the second or third fracture at the same patient on the same or contralateral side? Yes, we can detect the second and third fracture in the database, but this question was not proposed by us to the Ministry of Health. So we do not have available these data. We cannot distinguish between omolateral or controlatera fractures.

5. In results we can read number of fractures according to gender and age-group, but no overall data of incidence can be found. I miss the incidence data of femoral neck fracture according to gender and age-group.

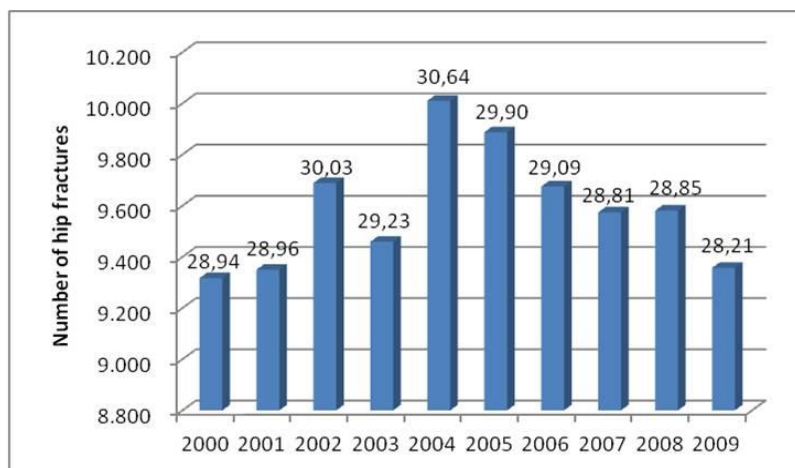
As the reviewer requested we calculated the incidence of hip fractures. We added the paragraph:

“Incidence per 10,000 of hip fractures was 69,6 in year 2000 (36.3 in men and 92.3 in women); 72.8 in year 2001 (38.1 in men and 97.0 in women); 74.4 (38.6 in men and 99.4 in women) in year 2002; 74.9 (40.0 in men and 99.5 in women) in year 2003; 74.5 (39.6 in men and 99.2 in women) in 2004; 75.9 in 2005 (40.6 in men and 101.0 in women); 75.4 (40.8 in men and 100.1 in women) in 2006; 76.6 (41.0 in men and 102.2 in women) in 2007; 78.1 (42.5 in men and 103.9 in women) in 2008; 77.8 (42.4 in men and 103.5 in women) in 2009.

The incidence of hip fracture show an increase of 14.5% in men and of 12.1% in women over the ten-year period. When looking at the oldest age group, we recorded an increase in the incidence per 10,000 inhabitants in people over 75, which passed from 158.5 to 166.8 (+5.2%) and from 72.6 to 77.5 (+6.8%) in women and in men, respectively.”

6. Incidence rate is not presented on diagrams.

We corrected the diagram with the incidence:



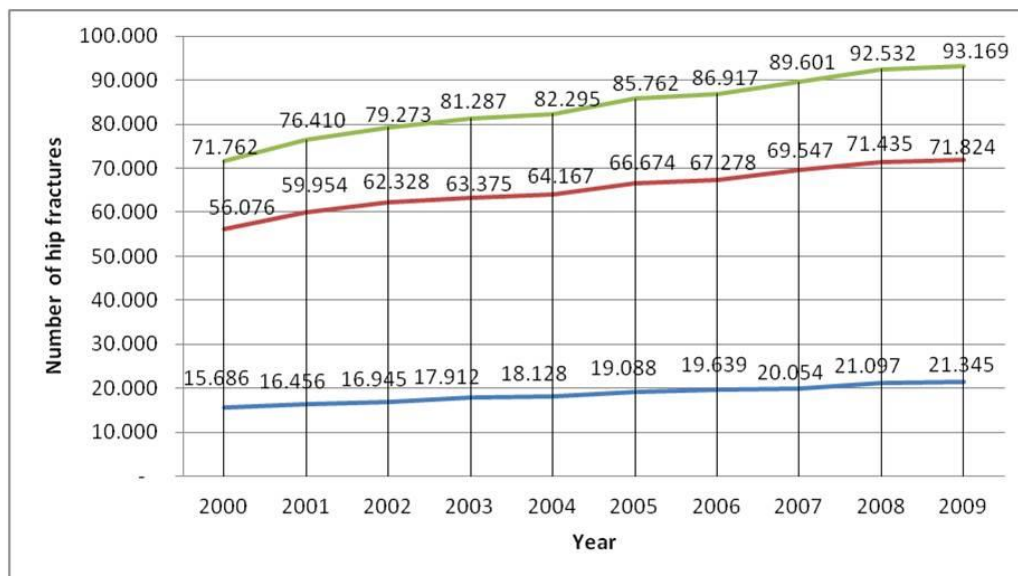
7. Rising or declining trend can be discussed in aware of incidence rates.

As the reviewers requested we discussed the decreased trend of hip fractures in women under 75 years in aware of incidence rates instead of the number of fractures. We added the paragraph:

Finally, it is interesting to point out that – for the first time in the recent Italian medical history – the incidence of hip fractures in women under 75 years of age has increased from 2000 to 2004 by a 5.9% rate, but it has subsequently decreased by a 7.9% between 2004 and 2009, thus showing a clear inversion in its temporal trend.

8. It would be useful to complete Figure 1 with the number of fracture in male and female instead of writing the numbers in the text.

We corrected the figure 1 with the number of fracture in male (blue line), female (red line) and all over 65 subjects (green line).



9. It would be informative to show incidence rates on Figure 1-3, beside the number of fractures.

We showed the incidence rates beside the number of fractures only in figure 3, because in the other diagrams there are yet a lot of numbers and adding incidence rates can be confusing.

10. Why the subanalysis of five-year age groups is limited on the years 2007-2009?

We limited the subanalysis on the years 2007-2009 because five-year age groups data are available only for these three years.

References and typesetting were corrected

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

Yours Sincerely

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