Response to Reviewer #3

Excellent paper on review of data for AKI development for pediatric patients on ECMO.

Response: We thank you for reviewing our manuscript and for your critical evaluation.

Comment #1
For discussion, lines 161 to 163, please add reference to this sentence.

Response: We appreciated the reviewer’s important comment. We agree and the references have been added as suggested.

Comment #2
For table 2 - could delete if add the OR for mortality to Table 1.

Response: We appreciated the reviewer’s comments. If it is possible, we would like to keep table 2 to emphasize the importance and impact of AKI-associated mortality.

Comment #3
For conclusion - overstating OR for mortality since that is AKI + RRT number. Please adjust this statement.

Response: We appreciated the reviewer’s important comment. We agree and we have revised our conclusion as the reviewer’s suggestion. The following text has been revised in the conclusion.

“Our study demonstrates that AKI is common following ECMO in pediatric patients with an incidence of 68%. Approximately 40% of pediatric patients on ECMO develop severe AKI requiring RRT. We have also shown that presence of AKI is associated with higher risk of hospital mortality. There is no difference in mortality between recent and remote studies.”

We greatly appreciated the reviewer’s time and comments to improve our manuscript.