Author's response to reviews

Title: High Prevalence of Celiac Disease among Saudi Children with Type 1 Diabetes: a prospective cross-sectional study.

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Author's response to reviews: see over
October 29, 2012

Dear Editor of BMC Gastroenterology:

Thank you for considering our original work titled “High Prevalence of Celiac Disease among Saudi Children with Type 1 Diabetes: a prospective cross-sectional study” for publication in your highly reputable journal. We have revised the manuscript to fit BMJ Gastroenterology journal style, after addressing the reviewers’ comments (enclosed below).

Once again, we disclose that there are no prior publications or submissions with any overlapping information, and that this work will not be submitted to any other journal while under consideration by Saudi Medical Journal. We have no potential conflict of interest to declare and acknowledge that the sponsor of this research “King Abdulaziz City for Science and Technology” (KACST) thru a grant No. LPG-10-41, had no role in the study design, data collection or analysis, manuscript writing, or submission for publication.

I acknowledge that each author listed in the manuscript has seen and approved the revised manuscript and take full responsibility for the manuscript.

Sincerely yours,

Primary and corresponding author.

Dr. Abdulrahman Al-Hussaini
Reply to the reviewers’ comments

<table>
<thead>
<tr>
<th>Reviewer Number</th>
<th>Original comments of the reviewer</th>
<th>Reply by the author(s)</th>
<th>Changes done on page number and line number</th>
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<tr>
<td>Reviewer 1</td>
<td>There are already some studies on this topic in Saudi Arabia. A recent study with even a bigger number &gt;400 showed a similar prevalence of CD between T1D. The authors need to explain the differences and what this study add to the current literature that is missing in the paper by Saadah et al?</td>
<td>Thank you very much to the reviewer to bring our attention to this paper which was published during the same month we submitted our paper to BMC Gastroenterology. The paper by Saadah et al is a retrospective study, with its inherent limitations, that used a single screening test (anti-TTG). In comparison, our study is a prospective, cross-sectional study that used a combination of the most sensitive and specific screening serologic tests (Anti-TTG and EMA). In addition, our study design enabled us to determine the sensitivity, specificity of these serologic tests and, most importantly, the lowest cut-off value of anti-TTG value that best predicts celiac disease on intestinal biopsies from T1D children. The latter advantage will have an impact on the care of diabetic children especially as related to proper selection of candidates for upper endoscopy. These data have already been stated in methods section: we have obtained 6 biopsies from different parts of the duodenum, including one biopsy from duodenal cap.</td>
<td>The differences were highlighted by yellow in introduction section and first paragraph in discussion.</td>
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Some other comments

**Method section:**
- The authors need to describe how the biopsies have been taken; like the number of biopsies and the site of biopsies
- Any biopsy taken from D1?
- Please adjust according to this reference

Kurien M, Evans KE, Hopper AD, Hale MF, Cross SS, Sanders DS.

Page 6, first paragraph highlighted by yellow.
<table>
<thead>
<tr>
<th>Reviewer 2</th>
<th>Area under the ROC curve may be more clear with a thicker line in the figure 2.</th>
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<td></td>
<td>There is no comment about de HLA –DQ genotype in the population studied.</td>
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<td></td>
<td>Would be of interest to include the HLA-DQ risk for the CD screening the T1D children?</td>
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<td></td>
<td>Is neccesary to follow-up with serological test patients with T1D to detect CD?</td>
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We have not studied HLA-DQ typing on the population studied. We agree that doing genetic markers would be interesting in Saudi children with T1D since prevalence of celiac among them is in the highest rates reported worldwide to see how different they are from other ethnicities.

We agree with this comment and children with negative celiac profile are followed up in diabetic clinic with annual serial serology tests (anti-TTG).