Author's response to reviews

Title: Interferon-gamma as adjunctive immunotherapy for invasive fungal infections: a case series

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Author's response to reviews: see over
Dear Dr. Nazareno,

We received a letter that our submission entitled: *Interferon-gamma as adjunctive immunotherapy for invasive fungal infections: a case series* requires additional revision before it can be proceeded into the peer review process.

We revised the manuscript and made changes according to the questions raised by the editorial board. Please find below a point to point reply that addresses the questions.

We hope these changes enable the manuscript to proceed into the peer review process. If any questions remain please feel free to contact us.

Yours sincerely,

Mark Gresnigt & Mihai Netea

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**Point to point reply:**

**Please declare BioMérieux support in your ‘Competing Interest’**.

We declared the support of biomerieux in the competing intrest section.

**Please also correct the format of your abstract and ensure your manuscript is in portrait rather than landscape form.**

We changed our abstract to a structured abstract and transformed the manuscript to portrait.

**In addition we would like you to clarify who made the decision to treat the "last resort" patients with this treatment i.e. was it entirely decided by the attending physician or did the researchers play a role in this. We would also like to ask if additional ethical approval was required for inclusion of these patients as they would not be covered by the original approval sought for the trial.**

The decision to treat the patients with IFNγ “as a last resort” was made by the attending physician.
We clarified this in the manuscript. Additionally the treatment was performed within standard clinical care in our hospital, which considers adjuvant immunotherapy in severe cases of fungal infections. This is based on experience with CGD patients and fungal infections and published clinical trials and cases in fungal infections [1-7].

Finally we would like to ask if you obtained written consent for publication of the individual clinical information. As this compromises patient anonymity we would only be able to consider your manuscript if this was obtained (for patients that died during the study we would expect the next of kin to have been consulted about this).

Informed consent was obtained from each individual patient. However, we agree that anonymity of the patients is an important aspect and should be preserved. We have therefore changed table 1 to illustrate the global characteristics of the patients rather than individually. We believe that presenting the data in this way does not jeopardize patient anonymity.