Author's response to reviews

Title: The association of RANTES polymorphism with severe acute respiratory syndrome in Hong Kong and Beijing Chinese

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

Re: The association of RANTES polymorphism with severe acute respiratory syndrome in Hong Kong and Beijing Chinese

Thank you the comments from the reviewers and our responses are as follows:

Reviewer 1: Friedemann Weber
Minor point:
We thank for the Reviewer for the positive comments on our study. As suggested by the Reviewer, we have changed the word “replicate” to “confirm” in our manuscript.

Reviewer 2: Carolina Scagnolari
Major Compulsory Revisions:
1. We have followed the Reviewer’s comment to explain how patients were clinically diagnosed as having SARS in page 8, line 4 “…Patients were documented with SARS-CoV antibody seroconversion and/or detectable SARS-CoV RNA in respiratory secretions by RT-PCR [4,6]…”

2. The statistical analysis performed to analyze the difference between patients with SARS and healthy controls was described from page 11, line 7 to page 12, line 2. In brief, (1) the genotype or allele frequencies were compared between SARS patients and controls by a 3 X 2 chi-square test and a 2 X 2 chi-square test respectively. (2) Logistic regression was used for calculating odds ratios (95% confidence interval) and corresponding $P$-values of different genotype or allele frequencies among SARS patients and controls by adjusting for age, sex and all significant single SNPs. (3)
Significant $P$-value for multiple testing was further adjusted with Bonferroni’s correction.

3. We agree with the Reviewer that co-morbidities are one of the important clinical data of our SARS patients. However, this information is not available and we did not include it in our analysis. Therefore, we have performed logistic regression to include age as a co-variable to partially account for the effect of co-morbidities.

Minor Essential Revisions
1. The data describing the demographic characteristics of SARS patients is now presented in Table 1.
2. The abbreviations of CLEC4M, OAS-1 and MxA on page 6, line 8 were explained.
3. The result 0 (0%) of Mig nt367 on Table 3 is changed to 0 (0).
4. The presentation of Table 2-6 is now changed to the same style.

Yu-Lung Lau