Author's response to reviews

Title: Novel SYBR-based duplex qPCR for the detection of gene dosage: Detection of an APC large deletion in a Familial adenomatous polyposis patient with unusual phenotype.

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Author's response to reviews:

June 21th, 2012

Prof Maurizio Genuardi
Editor - BMC Medical Genetics

Ref: MS: 1628038326670125

Dear Dr. Genuardi

Thank you for your message regarding our manuscript “Novel SYBR-based duplex qPCR for the detection of gene dosage: Detection of an APC large deletion in a Familial adenomatous polyposis patient with unusual phenotype” (MS: 1628038326670125).

In this letter you will find a point-by-point reply to the few additional comments provided by reviewer 1 and to the Associate Editor’s sugestions, as well as the paragraphs that have been modified in the new version, which has been uploaded with 'tracked changes' of all the corrections.

On behalf of my colleagues, I want to thank you for your time and attention.

Sincerely yours,

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REVIEWER 1 – Dr. ROSSELLA TRICARICO:

Major Essential Revisions:

1. Methods
SYBR-based duplex PCR, last paragraph, fifth and sixth sentence: The correct proportions 3P:1C using 18 ng of DNA in each reaction of DNA should be 13.5ng:4.5ng. Please, check.

The reviewer is right about the mistake in the proportion. We have corrected that paragraph and the novel version stands as follows (page 6): “We used 18 ng of DNA in each reaction as follows: 1 P : 0 C (18 ng P : 0 ng C); 3 P : 1 C (13.5 ng P : 4.5 ng C); 1 P : 1 C (9 ng P : 9 ng C); 1 P : 3 C (4.5 ng P : 13.5 ng C); and 0 P : 1 C (0 ng P : 18 ng C)”.

2. Discussion
First paragraph, last sentence: The APC variant p. Gln2322Arg could be a neutral rare variant (rather than a polymorphism, which by definition is not rare).
Corrected to (page 8): “Because FAP is a dominant condition that is usually caused by truncating mutations or large deletions in the APC gene, we strongly believe that the causative mutation of the polyposis observed in this family is the large deletion and that the missense variant represents a rare neutral variant in the index patient”.

Discretionary Revisions

1. The paper would benefit from the following correction in language:
Methods, first paragraph, fourteenth line: “did not identified” should be replaced.
This language mistake was corrected as suggested at the corresponding paragraph (page 4).

ASSOCIATE EDITOR:

It was suggested by the Associate Editor that:

1) We should not provide personal information on the patient (such as where he lives and his profession) for the sake of confidentiality.
We have rephrased the last sentence of methods’ first paragraph as “The patient completed his high school education at a regular school, and then has been working and living independently” (page 4).

2) Use "intellectual disability" instead of "mental retardation" - It was corrected as requested in two sentences (eleventh and thirteenth sentences of the third paragraph of the Discussion section, page 9).