Author’s response to reviews

Title: Differences in serum SP-D levels between German and Japanese subjects are associated with SFTPD gene polymorphisms

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Author’s response to reviews: see over
Differences in serum SP-D levels between German and Japanese subjects are associated with *SFTPD* gene polymorphisms

Dear Dr Giorgio Sirugo

Thank you very much for your reply. As you pointed out, our previous response to the first comment from the reviewer 1 was misleading. We revised this response to explain our intention more precisely as described below.

We greatly appreciate the opportunity to resubmit our work to *BMC Medical Genetics* and hope that it now meets approval for publication.

Sincerely, Yours,

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Replies to the comments:

**Editor’s comment**

1) There is however a legitimate point that was raised by reviewer 1 (Dr. Branwen Hennig) that was not appropriately addressed in your response. Specifically, in your reply to Dr. Hennig you stated: "We regret to say that the reviewer read too much into this sentence. It is beyond the focus of our study to test the association between disease status and SNPs in the SFTPD gene, and we believe that the readers will understand that this sentence does not necessarily mean to examine the influence of SNPs on disease status. Therefore, we did not revise this part of the abstract and hope that the reviewer would understand this point."

Nevertheless, on page 17 of your manuscript, the following sentences appear: "In the present study, however, no significant correlation between SFTPD gene polymorphisms and susceptibility to IIPs was demonstrated. We believe that a larger sample size of study is needed to determine the correlations between SFTPD gene polymorphisms and susceptibility to IIPs."

The text above expresses a slightly different scope of your paper that indicates that SNPs association with disease may in fact not have been beyond the focus of the study. Accordingly, I would like you to reconcile the two conflicting statements. Alternatively you should remove any reference to association with disease, sample size and power limitations altogether.

Response:

We apologize for having confused the editor by our misleading statement in our previous response to the comment from reviewer 1. We should have stated as follows: “The primary purpose of this study was to examine whether there is an ethnic difference in serum levels of SP-A and/or SP-D as we stated in the abstract. As a result, we found a difference in serum SP-D levels between German and Japanese populations. Then, we investigated whether serum SP-D levels were independently affected by SNPs in the SFTPD gene adjusted for age, ethnicity, and case-control status. We therefore have to emphasize that it is beyond the focus of our study to examine whether SNPs in the
SFTPD gene affect case-control status adjusted for age, ethnicity, and serum SP-D levels. As an additional analysis, we investigated the association between disease susceptibility and SFTPD gene polymorphisms because rs721917 of SFTPD gene had been previously reported to associate with ILDs. In the present study, however, no significant correlation was found.” We now hope that the editor would accept our revised response to the comment from the reviewer 1.