Author's response to reviews

Title: Fingolimod in a patient with heart failure on the background of pulmonary arterial hypertension and coronary artery disease

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Author's response to reviews: see over
Dear Editor,

We would like to present you the revised version of our short report entitled

“Fingolimod in a patient with heart failure on the background of pulmonary arterial hypertension and coronary artery disease”

for consideration for publication in the Journal *BMC Neurology*.

We thank the reviewers and editors for their comments and suggestions which we evaluated carefully and reworked the discussed aspects.

Reviewer Dana Horakova:
Minor Essential Revisions: 1. Abstract: Case presentation: spelling mistake - instead "women" there should be "woman", it should be mention the length of the follow up (9 months?) 2. Case presentation: Abbreviations - NT-proBNP and JCV should be explained. 3. Conclusion: Spelling mistake – arrhythmia after five months (five is incorrect); I recommend to change the order of paragraphs- the main conclusions of the Case reports should be clearly stated already at the beginning of the Conclusion and then an explanation of their importance and relevance.

Revision:
Minor essential revision: We corrected the spelling mistakes in the manuscript and added missing explanation of abbreviations and length of follow up. We realized the recommendation to change the order of paragraphs in the conclusion part.
Reviewer Ondrej Dolezal:

Major compulsory revisions: 1) In the paper patient’s clinical symptoms and various scales/ scores are mentioned (eg NYHA). Pulmonary hypertension is not assumed to be absolute contraindication for FTY treatment and guidelines are working with more general term "heart failure" (class III or IV). So I believe that this term should appear in the article, clarifying if patient was assumed to have heart failure (clinically dyspnoe, stenocardia etc.) - possibly explaining NYHA II in more general terms? 2) Brief explanation of E/I quotient will be beneficial. 3) Was patient’s pulmonary hypertension considered to be mild/moderate/ severe? Authors should consider the fact that majority of readers will be professionals of neurological background.

Minor essential revisions: Authors should pay attention to abbreviations as some abbreviations are explained in the text (majority), some in table’s legend (NYHA, NT-proBNP) and some not at all (EDSS, JCV). Minor spelling issues (fife vs. five etc.)

Discretionary revisions: Authors could consider changing title to "Fingolimod in a patient with heart failure on the background of pulmonary arterial hypertension and coronary artery disease" as this maybe better reflects complexity of the case, however I would leave that in authors’ hands.

Revision:

Major compulsory revision: We discussed the aspect und used the term “heart failure” more in detail. Terms including NYHA and E/I quotient are explained in the text. Patient’s pulmonary hypertension was classified into severe course.

Minor compulsory revision: We corrected the spelling mistakes in the manuscript and ordered and added missing explanation of abbreviations as already recommended by reviewer one.

Discretionary revision: We included the recommendation of changing the title into “Fingolimod in a patient with heart failure on the background of pulmonary arterial hypertension and coronary artery disease”

All authors state that they have read and approved the contents, believe that the manuscript represents honest work and take full responsibility for the data and interpretation.

Written informed consent was obtained from the patient for publication of this Case report and any accompanying images. A copy of the written consent is available for review by the Editor.
The authors certify that the manuscript, including related data and tables, has not been previously reported or published, that the manuscript is not under consideration elsewhere and that the manuscript will not be submitted elsewhere while under review by *BMC Neurology*. There are no submissions or previous reports that might be regarded as redundant publication of the same or similar work.

KT received personal compensation for speaking from Novartis and Bayer and received travel support to scientific meetings from Biogen Idec, Sanofi, Teva and Genzyme. HS declares that he has no competing of interest. MH received fees for speaking at conferences and/or consultations from Actelion, AOP, Bayer, GSK, Lilly, Novartis and Pfizer and received travel and accommodation support to scientific meetings from Actelion, Bayer, GSK, Lilly, Novartis and Pfizer. TZ received personal compensation from Biogen Idec, Bayer, Novartis, Sanofi, Teva, Synthon for consulting services. Additionally he received financial support for research activities from Bayer, Biogen Idec, Novartis, Teva, Sanofi Aventis.

Yours sincerely,

Katja Thomas