Author's response to reviews

Title: Routine administration of Anti-D: the ethical case for offering pregnant women fetal RHD genotyping and a review of policy and practice

Authors:

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

We are delighted that the journal is willing to publish our paper and we have found the reviewers comments very helpful in finalising the text.

The following changes have been made in response to the reviewer’s suggestions:

Reviewer 1

1. A citation to the paper by Van der Schoot 2006 has been added.
2. 1995 has been amended to 1997 and a citation to the paper by Lo et al 1997 added.
3. Throughout has been corrected to read ‘throughput’.
4. ‘newly emerging viruses’ has been inserted.

Reviewer 2

1. RAADP has been defined more clearly.
2. The text on page 4 has been amended as suggested by the reviewer.
3. NIHR study – page 4 - We have added “A multicentre “research for patient benefit” NIHR project has finished recruiting and is awaiting publication. In addition a....”
4. Text amended as suggested by reviewer.
5. ‘However’ replaced with ‘Yet’
6. FMH – no change – current terminology is acceptable.

Reviewer 3

1. We do not agree that statistical data on the use of fetal genotyping is necessary here or would enhance the argument.
2. We have changed the title of the paper.
3. A discussion of the variations in practices relating to the administration of Anti-D Ig may be found in the paper cited.
4. Further information about the origins of the product may be found in the paper cited by Kent & Farrell 2014.
5. RAPID and SAFE were more focussed on NIPT for genetic disease and are less relevant that the NIHR study, which has not been published yet. This article makes points, which remain valid irrespective of the details of cost, but the consideration we have made will remain very relevant after that data are known.

Reviewer 4

1. The term ‘fetal genotyping testing’ has been replaced with ‘fetal RHD genotyping’.
2. Abbreviations have been explained in full and logically throughout the paper.
3. 1997 not 1998 has been given as the earliest paper reporting testing using cffDNA.
4. The term genotype has been inserted as appropriate.
5. The word ‘service’ has been deleted. Reference has been made separately to NHSBT and to the Scottish National Blood Transfusion Service SNBTS. The latest guidance from SNBTS has been cited.
6. Text amended to read ‘NDFN due to anti-D cannot occur’.
7. An additional paper by Schoot et al 2003 has been cited.
8. The text has been amended as suggested by the reviewer to clarify the changes in Denmark and Netherlands and the differences between them.

Finally we have formatted the paper in accordance with BMC requirements.

We hope that the manuscript is now ready for publication.

Yours sincerely,

Professor Julie Kent

(corresponding author).