Reviewer's report

Title: Investigation of idiopathic versus connective tissue disease associated nonspecific Interstitial Pneumonia

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Reviewer: Ulrich Specks

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This study compares patients who underwent an open lung biopsy and were found to have the histopathologic diagnosis of NSIP. Patients were divided into those that had a diagnosis of a connective tissue disease at the time of the biopsy, and those who did not. Those who did not were further divided into those that no positive antibody testing, versus those that had positive antibodies. A small group of patients who were previously antibody negative turned antibody positive during follow-up. And several patients were subsequently diagnosed with a connective tissue disease during follow-up. There were no demographic, radiographic, and PFT differences between the groups. The presence of a connective tissue disease at the time of the lung biopsy did not clearly identify a worse prognosis, after a regrouping the patients end of follow-up, the presence of connective tissue disease conferred a worse prognosis. Patients diagnosed with NSIP in the absence of autoantibodies or clinical features of a connective tissue disease should be followed and periodically reevaluated for the emergence of such systemic signs of autoimmunity.

This finding is consistent with similar reports from other Asian countries, Europe and the United States.

This report is important as it shows that ethnicity does not seem to define how connective tissue disease and the lung interact.

Major Compulsory Revisions

None

Minor Essential Revisions

1. Legend of Figure 1: add the word "presentation" following "initial"
2. Suggest to change the title to: "Nonspecific Interstitial Pneumonia: Clinical Associations and Outcomes."
3. Crohn's disease is not really a CTD. Some people might also argue about microscopic polyangiitis. Therefore, I would remove at least the patient with Crohn's disease from the analysis. Alternatively, to avoid the recalculation of all data, the authors might consider to use the term "systemic autoimmune disease" instead of "connective tissue disease" in this manuscript.
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.