Author’s response to reviews

Title: Serum interleukin-5 levels are elevated in mild and moderate persistent asthma irrespective of regular inhaled glucocorticoid therapy.

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Iratxe Puebla
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Dear Dr. Iratxe:

Thank you for your comments and those of your reviewers. The manuscript has been modified accordingly. Specific responses are:

Response to Reviewer no 1 (Renbin B Tang)

Discretionary revisions:

1. We have modified the manuscript to mention the lack of availability of peak flow variability data in this cross-sectional study. (see page 6, line 13)

2. Definition of atopic individual is provided in page 6, line 9.

Minor essential revision:

Two sentences have been added in the results section to provide the number of atopics and non-atopics in mild and moderate persistent asthmatics (Page 9, lines 18-20). The number of atopics and non-atopics in patients using inhaled glucocorticoids and those not using inhaled glucocorticoids are provided in Table 1.

Major compulsory revisions: none requested by this reviewer
Response to Reviewer no 2 (M. Shields)

Minor essential revisions:

1. Among the 31 patients who were not using inhaled steroids, 29 were truly steroid naive and two patients had stopped using inhaled corticosteroids about three weeks prior to recruitment (page 6, line 20).

2. Bonferroni correction has been done and the new p values reflect these changes. (See page 8, line 16, results section of the manuscript and Figures 1, 2, and 3)

Major compulsory revisions: none requested by this reviewer

Response to reviewer # 3 (Choon-Sik S Park)

Minor essential revisions:

1. If the reviewer meant table 1, the FEV1 provided are the median and interquartile range values of a group of patients. Therefore, we are not sure as to how this can be presented as percent predicted values.

2. As per the reviewer’s suggestion, we have now included lab parameters of normal controls into table 1 (see new table 1)

Major compulsory revision:

1. We agree with the reviewer’s suggestion; a sentence has been added in the methods section (Page 6, lines 16-21).

2. History of inhaled steroid usage in the patient group not using inhaled steroid prior to two weeks of recruitment has been provided in the methods section (see page 6, lines 14-16). The half-life for fluticasone receptor complex in the human lung tissue has been calculated as 10.5 hours and Budesonide receptor complex stability as 5.1 hour (Johnson M, J Allergy Clin Immunol 1996; 97:169-176). Therefore the receptor complex activity would have been practically eliminated after 8 half lives for Fluticasone i.e after 3 days and for Budesonide 1.25 days. Therefore inclusion of the two patients who had received intermittent inhaled glucocorticoids two weeks prior to recruitment into the non-user category is justified.

3. We are in full agreement with the reviewers comment. We have added two sentences to this effect in the discussion section (see page 12, line 6-9).

We hope all the queries raised by the reviewers have been addressed.

We look forward to your response.
Yours truly,

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