Author's response to reviews

Title: Anti-centromere antibody-seropositive Sjögren’s syndrome differs from conventional subgroup in clinical and pathological study

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BMC Musculoskeletal Disorders

Dear Editor, June 9, 2010

We submit our revised manuscript entitled “Anti-centromere antibody-seropositive Sjögren’s syndrome differs from conventional subgroup in clinical and pathological study” by Nakamura H et al. We revised our manuscript according to the reviewers’ comments point to point. We added comments by colored text. The manuscript has been approved by all the authors and they have given necessary attention to the integrity of the work by their critical reading.

We hope that our revised manuscript will be acceptable for publication in BMC Musculoskeletal Disorders.

Yours sincerely,

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Reviewer's report
Minor Essential Revision:
1. One of the key comments is that the observed difference (e.g. normal IgG) could reflect the difference in anti-Ro/La autoantibodies between the ACA+ and ACA-ve group, therefore, additional analysis should be undertaken to compare the levels of IgG between ACA+ve patients and the Ro/La -ve subset of the ACA-ve patients, and if both groups have normal IgG, then it should be included in the discussion that normal IgG may be linked to Ro/La negativity rather than necessarily ACA negativity.

Reply
To explain whether or not normal IgG is linked to negativity of Ro/La or ACA, we calculated the above mentioned significance. We added next sentences in results and discussion.

Results; page 8, line 1
Furthermore, the serum IgG from ACA- pSS group without anti-SS-A/Ro or SS-B/La Abs was 1615.7 ± 361.5, which was statistically similar to that of ACA+ pSS group (p=0.63).

Discussion; page 9, line 7
However, we should note that the serum IgG from ACA- pSS group without anti-SS-A/Ro or SS-B/La Abs and ACA+ pSS group was within normal limit without statistical significance. These observations suggest normal IgG might be associated with negativity of anti-SS-A/Ro or SS-B/La Abs rather than ACA.

2. Many thanks for providing the length of follow-up of the patient groups. Is there any data to compare the likelihood of developing CREST/Limited SSc between patients with ACA but without primary Sjogren’s syndrome to those ACA+ve primary Sjogren’s syndrome? From a clinical perspective, how long should a
physician follow-up ACA+ve primary Sjogren’s syndrome patients to know that the patients will not evolved into CREST/Limited SSc? (In other words, is 6.6 years of follow-up sufficient to know that these ACA+ve Sjogren's patients will not develop CREST/Limited SSc.

Reply
According to your comments, we added next sentences with regard to follow-up period to assess development of CREST/limited SSc from ACA+ subgroup.

Discussion; page 10, line 15
Since data from the above report (9) showed development of CREST syndrome in pSS patients with ACA, observation period of 6.6 years in this study might not be sufficient to refer to assess accurate follow-up period for development of CREST syndrome or limited SSc in the subset of ACA+ pSS patients. It is difficult to make mention of possibility for development to pSS or CREST syndrome/limited SSc unless a prospective study for ACA+ pSS subset is performed. Because this is an issue in the future, it might be difficult to cite from this study.