Author's response to reviews

Title: Lower CD28+ T cell proportions were associated with CMV-seropositivity in patients with Hashimoto’s thyroiditis

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

thank you for the possibility to send a revised version of the manuscript MS 1582222207880279 “Lower CD28+ T cell proportions were associated with CMV-seropositivity in patients with Hashimoto’s thyroiditis”.

All comments of the reviewer were addressed and could be answered in the revised version of the manuscript. Changes within the manuscript are colored in green. The responses to the reviewer are given below.

All co-authors read the manuscript and agreed to its content.

Thank you in advance.

Best regards,

Martina Prelog
Lower CD28+ T cell proportions were associated with CMV-seropositivity in patients with Hashimoto’s thyroiditis

Comments to reviewers:

Reviewer:

Kouki Mori

We thank the reviewer for the comments.

The 8 older HT patients were excluded from the original study to achieve an appropriate age-matching of the groups. As a consequence, the number of HT patients was lower. We performed the exclusion of the 8 older HT patients simply by excluding all patients aged >35.0 years. The excluded patients were 46.3, 67.3, 48.4, 53.8, 60.0, 56.0, 35.9 and 36.8 years old. As most of our parameters were strongly age-dependent and as we were not able to recruit younger HT patients or older healthy controls (HC), we decided to use this approach for achieving age-matching and comparability of the HT and HC groups.

Regarding the inclusion of the newly diagnosed HT patients, we feel that it is important to include those patients with short disease duration (“recently diagnosed HT patients”) for a better understanding of proportional changes in lymphocyte subpopulations at the beginning and within the first months after diagnosis of HT patients.

We agree that it seems necessary to describe this group separately in the manuscript. Therefore additional information about this group is given in the revised version of the manuscript (page 6 ad 12).

We also think that due to the suggestions of the reviewer the wording “recently” is not appropriate and we changed it to “newly diagnosed”. A definition of newly diagnosed HT patients (disease duration <6 months) is given at page 6. We agree that using the cut-off 6 months is somehow arbitrary. However, clear definitions from literature are missing and for many autoimmune disorders “recent onset” describes a disease duration shorter than 6 months (shown for autoimmune hepatitis and diabetes type 1).

To exclude bias by inclusion of the newly diagnosed HT group, we presented this group as closed circles in the figures and described significant differences of the newly diagnosed HT group separately in the result section of the manuscript (pages 12 and 13).

Unfortunately, we are not able to increase the number of HT patients or HC anymore. We take care for 84 patients with diagnosed HT in our outpatient clinics. All patients were asked to participate into the study. Of them, 46 patients refused because of the blood volume needed. To perform all assays a blood volume of at least 30 ml is needed. Twenty patients could not be included due to other autoimmune diseases, malignancies, cortisone therapy and immunodeficiency (see exclusion criteria page 6). However, we adhere to the suggestion of the reviewer and clearly described the exclusion and inclusion criteria of the HT group and the study period (see page 6, revised manuscript).