Author's response to reviews

Title: Familial multinodular goiter syndrome with Papillary Thyroid Carcinomas: Mutational Analysis of the Associated Genes in 5 Cases from 1 Chinese Family

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Dear Editors and Reviewers:

RE

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Research article

Familial multinodular goiter syndrome with Papillary Thyroid Carcinomas: Mutational Analysis of the Associated Genes in 5 Cases from 1 Chinese Family

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BMC Endocrine Disorders (Section: Cancer and Endocrine Tumors)

Thank you very much for all your kind work on helping us.

We are grateful for all your comments critiquing our manuscript. The current version of the manuscript has been revised carefully based on the reviewer’s constructive comments and suggestions. Our responses to the comments are summarized below.

We hope that you find the changes made to the manuscript addressed your concerns. We sincerely appreciate your consideration for accepting the manuscript for publication and are looking forward to your further suggestions.

Yours Sincerely,

Shunyao Liao

Diabetes and & Endocrinology Center
Reviewer1:
Thank you very much for the interest on our work and we are grateful for your support to publish our work.

Reviewer2:
Comments to the article:
The authors investigated the potential effect of susceptibility loci known to be associated with PTC in a rare Chinese family with MNG and PTC. The study contains some interesting points on the possible genetic predisposition to the familial form of MNG with PTC. The paper could be better considered as a case report.

Major points:
1. According to current evidence, the molecular pathophysiology of PTC and MNG is different. So the authors should give more information to explain why a common genetic background can be postulated in the study.

Our response: Thanks for the comment.
Indeed, Bignell GR, et al. in 1997 reported that fMNG locus maps to chromosome 14q and does not account for familial NMTC [Ref.25]; however, Bakhsh A, et al. studied a kindred with MNG and PTC in 2006 and suggested that 14q32 linked to a form of inherited MNG syndrome with a significant risk of progression to PTC [Ref.26]. Also, several variants on 14q were found to be strongly associated with NMTC in European people. Hence, in the current study, we investigated the susceptibility loci on chromosome 14q, and our data showed that rs944289 but not rs116909374 at chromosome 14q might be associated with genetic predisposition to the fMNG and PTC in the Chinese family.

Please see the page7 line124-128, page12 line229-237, and page13-14 line264-287 in the revised version.

2. I suggest the re-editing of the manuscript as a case report due to the relatively limited objects.

Our response: Thanks a lot for the comment.
We hope our work provide new insights into the genetic risk factors for familiar PTC and could stimulate further research in the field, following the same reasons for case report publication.

Minor points:
1. The methods of the study in analyzing the susceptibility loci should be provided in the abstract and main body.

Our response: Thanks for the suggestion.
We added the susceptibility loci as suggested. Please see the page3 line39-42 in
the revised Abstract and page9 line172 in the revised Methods.

2. Some abbreviations should be mentioned properly, such as: fMNG, Sporadic PTC, SNPs…
Our response: Many thanks for the suggestion.
We revised the manuscript thoroughly for all these abbreviations. Please see the revised version.

3. What is the means of “by genetic sequence” in the line240 of page12.
Our response: Sorry for the confused saying.
We changed it to “by sequence”. Please see the page12 line243 in the revised version.

4. It should be “the risk allele homozygote” in the line 309 of page 15.
Our response: Many thanks for the suggestion.
We made the change as suggested. Please see the page16 line322 in the revised version.