Author's response to reviews

Title: Clinical experiences and success rates of acromegaly treatment: The single center results of 62 patients

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

Our manuscript entitled “Clinical experiences and success rates of acromegaly treatment: The single center results of 62 patients” was revised according to the suggestions of reviewers. However, we could not make anything about the native English editing due to our financial problems.

Thank you for your understanding.

Sincerely,

The manuscript was revised as following;

Responses to Reviewer 1 (Marek Bolanowski);

Major:

1. IGF levels presented as ULN in Tab.1

2. Menstrual irregularity was corrected as 4/32 in Tab 1.

3. In line 133, statistics methods was corrected as SE ± mean. And we did not have full initial GH results of patients.

4. The title was corrected as your suggest that “our” deleted.

Minor:

1. The figures were controlled, again.

2. In Fig. 2, #y= years was explained as footnotes. Figure 2 reloaded to the submission system.

3. Reference list and journal names were controlled, again. All references are different from each other in our study report.
4. Reference 1. was corrected. All references were arranged according to reference style of BMC Endocrin Disorders.

With respects,

Responses to Reviewer 2 (AJ van der Lely);

1. The all authors wanted to say that we could not made the native English editing due to a lack of financial opportunities.

2. All paragraphs were changed as double spaced.

3. On page 6; line 173, we reported: “These 5 patients were also octreotide treatment. We added into the Table 2 patients receiving combination therapies.

4. On page 10; line 270, we corrected this sentence as following ” In our study, in 2 of 20 patients operated transcranially, postoperative cure was attained. One of the patients was cured who had macroadenoma, and the other one had microadenoma”.

And the answer to your other question: We think that transcranial surgical intervention for microadenoma is can maybe the preference of the surgeon or the hospital conditions may not be suitable for transsphenoidal surgery.

With respects,

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