Author's response to reviews

Title: The spectrum of thyroid dysfunction in an Australian hepatitis C population treated with combination interferon-alpha-2-beta and Ribavirin

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Author's response to reviews:

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BioMed Central Editorial Team

Dear Sir:

RE: MANUSCRIPT 2141 8607 1694 5985 - The spectrum of thyroid dysfunction in an Australian hepatitis C population treated with combination interferon-alpha-2-beta and Ribavirin

Thank you for your recent email dated August 20th, 2005 regarding the above. The followings are point-to-point responses to the comments by the reviewers. The manuscript has been revised accordingly, formatted as required and submitted at the same as this letter.

Reviewer 1 (Lewis Braverman)

1. The methods and normal values for TPO and Tg-Ab and TSH are included in the laboratory assay section.

2. The prevalence of thyroid autoantibodies in the euthyroid treated patients is not available as the autoantibodies are not routinely performed in the initial patient work-up. This was deemed not necessary by the governing unit. Hence no comment can be made if these changed during therapy.

3. In the 6 hypothyroid patients who are positive for anti-TPO, the range of values has been included. For hyperthyroid patients, the complete patterns of autoantibodies are listed in table 2 of the revised manuscript.

4. This author respectfully decline this suggestion as IFN-based therapy may have been the primer for thyroid disease down the tract in patient 2 although the points made are well founded. It is also not stated if this point is compulsory. However, we will, of course, reconsider at the reviewer/editor's insistence.

5. This point has been noted, included in the revised manuscript and been brought to the attention of our Endocrinology department.

6. Table 1 title now states clearly that the patients concerned remained euthyroid. None, surprisingly, dropped their TSH value below 0.4.

7. Please refer to question 3.

8. Patient 4 was presumed to have autoimmune thyrotoxicosis based solely on the temporal relationship to IFN exposure and its response to dose reduction despite negative antibody studies.

9. Amended as suggested.

10. Please refer to question 3.
Reviewer 2 (Edmund Bini)

Major compulsory revisions:

1. With thanks. The implication that there is an untreated group has been a complete oversight and this has been removed. Agreeably it would be interesting to have a control HCV patient group receiving no treatment for comparison but unfortunately no such data was available. This important point has been included in the revised manuscript.

2. Amended as suggested. Please refer to the Laboratory Assay section in the revised manuscript.

3. A brief statistical statement has been included in the revised manuscript.

4. Baseline characteristics of all subjects have been included as suggested.

Minor essential revisions:

1. In HCV genotype 1 patients, treatment was continued for 48 weeks irrespective of HCV RNA status at 24 weeks. This has been included in the revised manuscript.

2. The tables have been renumbered and referred to sequentially to make reading easier as well conforming to the required formatting.

3. Amended and rewritten as suggested.

4. Amended as suggested.

Discretionary revisions:

1. Amended as suggested.

2. RBV has been adopted as the standard abbreviation as suggested.

3. Amended as suggested and included in the revised version.

4. This author politely requests that no change be made to this point.

5. Table 3 (Table 2 in the revised manuscript) has been reformatted as suggested.

With kind regards and I hope the outcome is a favourable one.

Yours Sincerely

HuyATran

DR HUY TRAN