Reviewer's report

Title: Uneventful Octreotide LAR Therapy throughout Three Pregnancies, with Favorable Delivery and Newborn's Anthropometric Measures: a case report.

Version: 2 Date: 6 August 2010

Reviewer: Pietro Maffei

Which of the following best describes what type of case report this is?: None

If other, please specify:

medical treatment in uncovered area (pregnancy)

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

The authors reported on the outcome of three pregnancy in a female patient under treatment with octreotide-LAR (throughout pregnancy) because of bronchial carcinoid-associated ACTH-dependent Cushing’s syndrome. The manuscript is well written and rather interesting. It add new useful information to literature.

However, literature citation is not always correct and authors probably didn’t read carefully the manuscripts they quoted. Therefore, I’ve some minor comments that
I suggest to address:

1) Page 3 (introduction) line 14: In this chapter the Authors are referring to patients that didn’t stop somatostatin during pregnancy (i.e. treatment throughout pregnancy). However, reference 15 (Caron et al.) is not correct because this patient suspended the treatment for many months during pregnancy (in this context the manuscript should be removed from bibliography).

2) Page 3 line 15-16: the sentence “All this cases describe the short-acting preparation of octreotide.” is not correct. In fact, in this group of patients, 2 have been treated throughout pregnancy with Octreotide-LAR (see Blackurst et al, 2002, TSHoma patient in a twin pregnancy; see also Fassnacht et al, 2001, acromegaly).

3) Introduction: anyway the total number of patients exposed to somatostatin throughout pregnancy remain 7 because the Authors failed to quote this recent manuscript (Case Report) that I suggest to include: Maffei et al, Effects of octreotide exposure during pregnancy in acromegaly, Clinical Endocrinology 2010.

4) Page 5, last 5 lines: “Octreotide crosses the placenta….”. Again the Authors failed to mention that placenta passage of octreotide had been demonstrated also by Fassnacht et al (2001) and Maffei et al (2010).

5) Page 6, lines 5 and 6: “placental SSTRs are mainly of subtype-4….”. This sentence is not correct. Maffei et al (Clin Endo 2010) recently showed the presence of SSTR1,2,3,4,5 in the placenta. Therefore the sentence…”preferential binding of octreotide to SSTR2 and 5….may explain why…” is not a good explanation. See Maffei et al for the explanation why octreotide might produce any effect on pregnancy (see in Maffei et al the results of the binding study of different somatostatin analogs and effects on placenta SSTRs).

6) Page 6, Conclusions, line 2: “… in addition to the seven previous case reports of safe short acting octreotide during pregnancy….” This is not correct: the 7 cases related to therapy with somatostatin throughout pregnancy (including Maffei et al…) report on 5 pregnancy with short acting Octreotide and 2 with Octreotide LAR (throughout pregnancy). See comment 2.

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I have no competing interests