Author's response to reviews

Title: Left ventricular systolic function changes in hypertrophic cardiomyopathy patients detected by the strain of different myocardium layers and longitudinal rotation

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Author’s response to reviews:

Dear Prof. Michel Noutsias,

Thank you very much for giving us a second opportunity to revise our manuscript. We have revised our manuscript, according to the comments and suggestions of the reviewers and editor, and responded, point by point to, the comments as listed below, and all changes made to the text are highlighted in red so that the reviewers may be easily identified. We are sorry for our poor English. This manuscript has been edited and proofread by Medjaden Bioscience Limited. I hope it is acceptable for publication in the journal.

We are sorry for that we have another request. We notice that there is a charge ( £1,370) for the publication of the manuscript. The publication fees appear too expensive for us at the moment. We just know that our institution only can pay for partial of the publication fee for us from June, 2015 (only 4000 RMB, in the next page, the instructions of the institution). What’s more, we have no funding. Therefore, I am writing you to explore the possibility that the publication fees could be reduced.

However, if you have difficulty to offer us such a charge discount or waiver, we will make our every effort to meet the requirements for the publication fees.

Thank you very much for your consideration, and look forward to hearing from you soon.

With kindest regards,

Yours sincerely
(1) In general, strain can be difficult to measure in HCM patients due to varying thickness of the septum vs. free wall so that the automated ROI needs to be significantly modified. I would request that the authors at least include some examples of their region of interests, how they traced the layers and provide examples showing adequate tracking. Answer provided. Reviewer - additional comment: The high standard deviations are indicative of the high variability with this technique - when narrow ROI is chosen to try and assess myocardial layers, higher strain values (more deformation) are recorded and more noise is introduced - this is a significant limitation of the technique - this should be pointed out in the limitations section.

Answer: Thanks to the reviewer, we have added the “The high standard deviations are indicative of the high variability with this technique - when narrow ROI is chosen to try and assess myocardial layers, higher strain values (more deformation) are recorded and more noise is introduced” into the limitations section.

(2) No reproducibility data is provided. Answer provided. Reviewer - additional comment: Please describe the methodology in detail how this data was obtained.

Answer: Interobserver measurement of the global strain and LR were determined by having a second investigator measure all chosen subjects. For intraobserver variability, all subjects were analyzed twice by one investigator, and the second intraobserver measurements were “blinded” to results from the initial measurements.

(3) Prior studies have shown that strain reduces proportionately with the degree of hypertrophy/fibrosis in HCM. How many of the HCM patients had LBBB which may account for the abnormal rotation? Answer provided. Reviewer - additional comment: Please specify this exclusion in the article. Answer: We have added the exclusion comment (If the ECG showed LBBB, HCM patients were excluded for the study) into the manuscript.