Author’s response to reviews

Title: Retinal capillary rarefaction in patients with untreated mild-moderate hypertension

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Author’s response to reviews:

We thank you for the helpful comments

1. “Thank you for submitting your revised manuscript to us and for providing an explanation for the similarities between your current submission and your previous publication in PLoS One. We understand that Figure 1 does not represent data - if your manuscript in Plos was published under a creative commons license then it would be possible to reproduce the figure so long as it was clear that the image had already been published elsewhere (and correctly referenced).”

Answer: Figure 1 has now been removed from the manuscript and a reference was made to the previously published paper in Plos One.

2. “We are grateful for your explanation, however duplication of data does represent a violation of publication ethics. To resolve this issue, we would ask that you revise your manuscript so that it only includes novel data, if you wish to refer to data from your previous publication this should be fully referenced but you should not present the same data again.”
On resubmission, we will evaluate your revised manuscript. If we do not feel that there is enough data for a full research article, then we may recommend publication as a short report in another one of our journals.”

Answer: We revised the manuscript so that it only includes novel data. The focus of the current paper is the analysis between hypertensive and normotensive subjects, which was not captured in the Plos One paper. We analyzed further the hypertensive group with respect to hypertension related aspects, e.g. whether ambulatory BP is a determinant. However, we found the impact of duration of hypertension was a determinant when separating the hypertensive study population in those with long lasting vs short lasting duration of hypertension (illustrated by a new figure 3 showing an association of hypertension duration and retinal capillary rarefaction). By study design, we used the same healthy control group, which served also as a control group with respect to the comparison with type-2 diabetes published in the Plos One paper. Several references have been made to our previous paper and in the methods section it is now clearly stated that data of the healthy control group have been previously published in Plos One.

We hope you will find now the revised manuscript suitable for publication.