Author’s response to reviews

Title: Early risk assessment of circulating endothelial progenitor cells and plasma stromal cell-derived factor-1 for nondisabling ischemic cerebrovascular events

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Author’s response to reviews:

Dear Editor:

Thank you for your letter concerning our manuscript entitled “Early risk assessment of circulating vascular endothelial progenitor cells and plasma stromal cell-derived factor-1 on nondisabling ischemic cerebrovascular events” (ID: NURL-D-18-00725). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. The main corrections in the paper and the responds to your comments are as flowing:

Responds to the reviewer’s comments:

1. Response to comment: We note that the corresponding author and the order of authors is different in the submission system to the title page. Please ensure that this information is correct and consistent as we are entering the final stage of the editorial process. Please note that you 'Change in Authorship' form has been checked and approved.

Response: We have revised.
2. Response to comment: Ensure that the abstract is consistent in the submission system and manuscript file.

Response: We have revised.

3. Response to comment: Change the heading 'Materials and Methods' to Methods'.

Response: We have changed. Page 3 Line 55: Methods.

4. Response to comment: Change the term 'research objects' to 'research subjects' or 'Participants'.

Response: We have changed. Page 3 Line 58: Research Subjects.

5. Response to comment: Please include the intra- and inter-assay CVs for ELISA experiments.

Response: We have revised this section in results. Page 7 Line 49-58: and inter-assay CV of 4.1% respectively. The mean serum VEGF values of the two groups were 70.97 pg/ml and 83.28 pg/ml and inter-assay CV of 3.7%, respectively. In addition, the intra-assay CV of serum SDF in the NHR-NICE group and HR-NICE group were 4.3% and 3.9%, the intra-assay CV of serum VEGF in the two groups were 4.6% and 2.8%.

6. Response to comment: Please include a 'Declarations' heading after the abbreviations.

Response: We have added “Declarations”. Page 12 Line 10.

7. Response to comment: Describe the role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript.

Response: We have revised. Page 12 Line 48-54. The funding bodies mentioned above had no role in the design of the study nor the collection, analysis and interpretation of the data and have no access to patient information. The funding body did not participate in writing the manuscript. The study protocol has undergone peer-review process by the funding bodies.
8. Response to comment: Figures should be provided as separate files, and each figure of a manuscript should be submitted as a single file.

Response: We have revised.

9. Response to comment: Please remove the point-by-point response letter from the File Inventory as it is no longer required at this stage in the editorial process.

Response: We have removed the point-by-point response.

10. Response to comment: At this stage, please upload your manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files.

Response: We have revised.

11. Response to comment: Provide further details of how decision-making capacity of the participants was assessed. Specifically, please state the criteria that determined whether consent could be obtained directly from the patient or from a family member or other legal guardian, and confirm that these criteria were approved by the ethics committee. Please add this information to the Ethics and consent to participate section.

Response: We have revised. Page 12 Line 16-22. Local legal and regulatory authorities as well as the medical secrecy will be followed. Before enrollment, all patients were given detailed information about the aims, scope and possible consequences of the study by a physician. No diagnostic or interventional procedures required for the clinical trial. Written informed consent was obtained from all study participants.

Once again, thank you very much for your comments and suggestions.