Author’s response to reviews

Title: "Hypothyroidism screening during first trimester in pregnancy"

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Author’s response to reviews:

Professor Howard Berger

Editorial Board

BMC Pregnancy and Childbirth

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Dear Professor Howard Berger,

Many thanks for your email of 2th October 2017, concerning revision of our manuscript PRCH-D-17-00502, entitled "Hypothyroidism screening during first trimester in pregnancy".
We have followed the entire editor and reviewers’ suggestions and hope it will now be in accordance with the journal style.

RESPONSE TO EDITOR’S AND REVIEWERS’ COMMENTS:

Editor’s comments:

1. Tables: There appear to be several Table 1(s). The table "Table 1. - Reference for the kits used to measure each parameter." is not needed as an appropriate reference to Roche diagnostics is all that is needed. The there are two tables: "Table 1. - Mean, range and standard deviation of TSH, FT4, TG Ab and TPO Ab." and "Table 1. - Centiles of TSH and their bias, typical error and 95% confidence interval" Please correct the numbering of the tables and adjust the text accordingly.

Response:

Thank you, following to the editor’s suggestion we have deleted Table 1, corrected the numbering of the tables, and adjusted the text.

2. Regarding the inclusion of TPO Ab +ve women in the study: I agree with reviewer 1 that this is a potential limitation (as you stated in the discussion) but on the other hand this reflects the status in "real-life" situations where antibody screening is not universal. I thinks that adding to your statement in the discussion will allow you to not re-run the data excluding these women. You could considering wording it this way: "The inclusion in our study of pregnant women with TPO Ab within the group classified as SCH represents a limitation but reflects the population based method of defining reference values based on the entire screened population and not only those without pathology. This is especially appropriate in populations such as ours where universal determination of TPO antibodies is not a standard screening strategy."

Response:

We have followed this suggestion. We have included in the discussion the suggested paragraph.
3. Regarding the comment by reviewer 2 that perinatal outcomes were not reported I actually think that this is not a problem as you have stated in the methods that you appropriately excluded known pathology at the time of screening.

Response:
Thank you.

Reviewer 1 comments:

1. I acknowledge that all concerns have been adequately addressed
2.
Response:
Thanks for your comments.

Reviewer 2 comments:

1. Regarding previous comments: 3. and 5. The recommendation to exclude TPOAB+ individuals from reference range assessment is not unique to the 2017 ATA Guidelines. The National Academy for Clinical Biochemistry (NACB) has consistently stated that: A "reference population" taken from the disease-free population composed of those who did not have detectable TgAb or TPOAb.

I would suggest removing the TPOAb+ women (n=11) from your analysis of TSH.

Response:
Thank you for your comment. When patients with positive TPO Ab are excluded from the analysis, the TSH cut-off drops from 4.7 to 4.18 mIU/L (CI95% 3.97 – 4.91). We have included this result in the manuscript and in table 3.
2. (6) Age, height, weight are now in the results but do you have parity information and any relevant perinatal outcomes that would confirm that these were normal pregnancies with normal deliveries (as would be important for a reference population).

Response:

Thank for the comment. We excluded all the relevant pathology at the time of the SCH screening.