Dear editors,

thank you for your comments. We do agree that the patient IDs in cohort 1 needs to be translated into unidentifiable numbers. We have done so by renaming them P1 to P10. All figures and tables have been changed.

There is no information in the manuscript that can be traced into a certain individual, no SNP or genomic sequence for instance. Figure S 1a and b only contains global information on copy number variations and mutation position. We are confident that the patient integrity is protected.
Regarding comment number 2; We have stated the contribution from each author in the Author contribution section according to the guidelines and previous editorial comments. If there is any information missing or anything unclear please specify.

Please see response to each comment in detail below.

I hope for a quick response regarding this revision.

Kind regards,

Una Kjällquist MD PhD

Editor Comments:

We apologise for the delay in asking for the following revisions:

1. Throughout the manuscript the 20 participants are referred to by patient identifiers but especially in Table 1, Figure S1 A and B, Figure S3 A and B and Table S2. This needs to be rectified. However, if you just rename the patient IDs to consecutive IDs (as used in Table S1) it is still potentially identifying as much of the genomic makeup of these individuals is apparent in the figures.

Answer: We have changed all patient IDs into consecutive numbers P1-P10 for cohort1. There is no information in the figures that can identify individuals by DNA sequence or other genomic features. The original patient IDs are not a coherent series of number so we believe it is not possible to figure out the patients ID if we change to a numbers 1-10. No information on individual SNPs are available and figure S Fig.1 a and b only contains global information on copy number variations and position of mutations.

The following figures and tables have been updated:

Figure1_a-e
For all manuscripts that include details, images, or videos relating to an individual person, written informed consent for the publication of these details must be obtained from that person (or their parent or legal guardian in the case of children under 18). The consent must be for publication of their details under the Creative Commons Attribution License 4.0 (such that they will be freely available on the internet). If the person has died, consent for publication must be obtained from their next of kin. The manuscript must include a statement that written informed consent for publication was obtained.

We have no such information in the manuscript.

In your manuscript you describe that written informed consent to participate had been obtained. In this instance where there is so much identifying information, I do not believe it to be sufficient and requires consent to publish. Alternatively, please find ways to anonymise the data. Particularly, please remove mention of the actual patient identifiers.

Answer: We agree and we have now changed the patient IDs into anonymous numbers. We are confident that patient integrity is protected.
2 - Please check our authorship criteria and ensure all named authors have provided sufficient input to be so registered. 

https://mailfilter.sunet.se/canit/urlproxy.php?_q=aHR0cDovL3d3dy5iaW9tZWRjZW50cmFsLmNvbS9zdWJtaXNzaW9ucy9lZGl0b3JpYWwcG9saWNpZXJyXV0aG9yc2hpcA%3D%3D&_s=dW5hLmtqYWxscXVpc3RAa2kuc2U%3D%3D&_c=a290680f&_r=a2kte2U%3D

Answer: We have stated the contribution from each author in the Author contribution section according to the guidelines and previous editorial comments. If there is any information missing or in unclear please specify.