Author’s response to reviews

Title: LETTER TO THE EDITOR: CLARIFYING SOME ASPECTS AND THE TERMINOLOGY OF INDIVIDUALIZED HUMAN MILK FORTIFICATION

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Author’s response to reviews:

POINT-BY-POINT RESPONSE LETTER

Dear Editor,

Please find below the point-by-point response letter indicating the modifications done according to your recommendation and the reviewers’ suggestions.

Thank you for giving us this opportunity and we hope now the manuscript is ready for publication in BMC Pediatrics.

Best regards

Sertac Arslanoglu, MD
Professor of Pediatrics (Neonatology)
Vice President, European Milk Bank Association (EMBA)
on behalf of EMBA Working Group on Human Milk Fortification
13.10.2018
EDITORS’ COMMENTS:

1. …Before it can be published, on the basis of reviewer's n 1 comments and my own assessment, I invite you to further underline the importance of continuing to explore methods for implementing individualise fortification of milk fed to preterm infants. Moreover, please underline the need for further investigation of the use of adjusting protein fortification on the basis of urinary urea-creatinine ratio in relation with other outcomes such as growth.

Done

Main text-Page 3- Line 13: following sentence added

It is noteworthy that the authors demonstrated a highly positive correlation between plasma urea concentrations and the urinary urea-creatinine-ratio, and between actual protein intakes and plasma urea concentrations and the urinary urea-creatinine-ratio.

Main text-Page 3- Line 13: following sentence added

Main text-Page 3- Line 20: following sentence added

Methods employed to individualize fortification of milk fed to preterm infants should continue and adjusting protein fortification on the basis of urinary urea-creatinine ratio warrants further investigation in relation with other outcomes such as growth.

REVIEWER 1 COMMENTS

The first 2 paragraphs in the main text have been changed accordingly and highlighted here with blue:

“We read with great interest the paper from Mathes et al (1) which underlines the importance of monitoring plasma and urinary urea to adapt enteral protein intake in preterm infants. The authors aimed to obtain a practical non-invasively measured metabolic marker reflecting the short term protein intake of preterm infants. They showed that higher-protein group infants had higher plasma and urinary urea concentrations compared to lower-protein group. It is noteworthy that the authors demonstrated a highly positive correlation between plasma urea concentrations and the urinary urea-creatinine-ratio, and between actual protein intakes and plasma urea concentrations and the urinary urea-creatinine-ratio. They concluded that urinary urea to creatinine ratio might help to estimate actual protein intake in these well thriving infants.

We appreciate the attempt of Mathes et al (1) to search for a non-invasive metabolic marker on which individualization of human milk (HM) fortification could be based. Methods employed to individualize fortification of milk fed to preterm infants should continue and adjusting protein
fortification on the basis of urinary urea-creatinine ratio warrants further investigation in relation with other outcomes such as growth.

REVIEWER 2 COMMENT