Author’s response to reviews

Title: Prognosis and Longitudinal Changes of Physical Activity in Idiopathic Pulmonary Fibrosis

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RESPONSE LETTER

Reviewer 1, Comments to Author:

C1: Accept as is.
R1: We very much thank the reviewer for the appreciating comment.

Reviewer 2, Comments to Author:
C1: More details on study participants and methods, i.e. patients’ disease history, therapy type, and age.
R1: We thank the reviewer for this important comment and the opportunity to clarify. Patients in this study were recruited equally in the outpatient departments of LungenClinic Grosshansdorf, and Thoraxklinik Heidelberg, respectively. Both centers are specialized tertiary care centers, and diagnosis of IPF was established in an interdisciplinary discussion (Interstitial Lung Disease Board) according to current guidelines [Raghu et al., AJRCCM 2011]. We included these additional information in the current version of the manuscript (p. 4, lines 7-11), and may also kindly refer to our previous publication for cross-sectional analyses at baseline [Bahmer et al., Respiration 2016].

As the sample size is rather small, we did not want to foster any speculation on possible influences of different antifibrotic therapies, and therefore did not present which kind of antifibrotic drug the patients were taking at baseline. However, we included a sentence in the results section that now states whether or not there were any changes in therapy among survivors during the study period (p. 7, lines 3-6). These results might indicate whether changes of antifibrotic therapy are possible confounders of the longitudinal changes of physical activity: (…) Among survivors, the type of antifibrotic drug was unchanged throughout the observation period in 19 patients (73%), and changed in five patients (19%); in one patient (4%) antifibrotic therapy was completely stopped, and in one other patient (4%) newly initiated.

Information on the patients’ age is already included in the previous version of the manuscript in table 1; data on disease history, however, is unfortunately not available.

C2: Additional references on longitudinal studies in IPF.

R1: We thank the reviewer for this comment. The manuscript by Swigris et al. (Thorax 2010) is already referenced in the previous version of the manuscript, and comparisons are drawn in the final paragraph on page 8. The manuscript by Lilja-Maula et al. (J Vet Intern Med 2014) studied survival and exercise tolerance in 15 animals (i.e. dogs) with IPF compared to controls, and provides precious clinical insights. However, as the study is performed in animals, results are not easily transferable to humans. We therefore kindly ask the reviewer not to cite this article in our manuscript.