Author’s response to reviews

Title: A Tricky And Rare Cause Of Pulmonary Eosinophilia: Myeloid/lymphoid neoplasm with eosinophilia and rearrangement of PDGFRA. A case report

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RESPONSE TO REVIEWERS

Reggio Emilia, Italy
August 22 - 2019 04:00 PM

RE: ID PULM-D-19-00163R1 - A Tricky And Rare Cause Of Pulmonary Eosinophilia: Myeloid/lymphoid neoplasms with eosinophilia and rearrangement of PDGFRA, PDGFRB, or FGFR1, or with PCM1-JAK2. A case report – BMC Pulmonary Medicine

Dear Editors:

Thank you for the opportunity to revise our manuscript, A Tricky And Rare Cause Of Pulmonary Eosinophilia: Myeloid/lymphoid neoplasms with eosinophilia and rearrangement of PDGFRA,
PDGFRB, or FGFR1, or with PCM1-JAK2. A case report.

We are grateful to Reviewers for their relevant comments and the work they have invested to help us improving our manuscript. We believe that their positive remarks and questions allowed us to remarkably increase the value of our manuscript. Following this letter are the Reviewer's comments.

We sent you the final revised manuscript un-tracked (clean version). The revision has been developed in consultation with all coauthors, and each author has given approval to the final form of this revision. In the hope that the corrections have satisfied the demands of the Editor and the Reviewers and look forward to your reply, we send our Best Regards.

Maurizio Zizzo, MD and Co-authors

COMMENTS TO REVIEWER #1:

Deepak Aggarwal (Reviewer 1): 1. The abstract need reframing. The content mentioned in the subheading 'background' and 'case presentation' lack relevance
2. The authors have probably described an uncommon cause of eosinophilia. They should mention the extent of rarity /prevalence of such case by mentioning relevant figures from literature, both in the introduction and discussion section
3. The concluding lines are missing in the last paragraph of the discussion.
4. As the patient achieved complete remission after treatment, adding a follow up imaging figure for comparison will add strength to the case
5. The English Language used in the text need significant corrections and editing.

ANSWER
We warmly thank the Reviewer for his valuable judgment.
In full agreement with him, we have made all the required changes, as followed:
1. we reframed the abstract as suggested;
2. we mentioned the extent of rarity of the disease referring to data reported in the literature, both in the introduction and discussion sections;
3. we added the concluding lines in the last paragraph of the discussion;
4. we thank the reviewer for the suggestion to include the HRCT image (Figure 3) at 3 years after diagnosis, confirming the complete radiological resolution;
5. we reviewed English Language used in the text.

COMMENTS TO REVIEWER #2:

Ryuji Hayashi, M.D., Ph.D. (Reviewer 2): Authors reported a case of neoplastic eosinophil expansion with rearrangement of PDGFRA. They nicely present the case and readers could learn the management of those patients. I suggest several things to improve the paper.

Major
1. The title includes several genes rearrangement. But this is a case report and the title should be precise one.
2. This type of disease is rare. The incidence of this disease should be described based on references.

Mainor
1. Page 4, line 36; Is the word, 'fewer', correct?
2. There are some different descriptions for the unit of leukocyte counts. They should be described in same manner. page 4, line 56, page 5, line 22.

ANSWER
We warmly thank the Reviewer for his valuable judgment. In full agreement with him, we have made all the required changes, as followed:
Major
1. we modified the title in a precise one, mentioning only PDGFRA rearrangement identified in our case;
2. as suggest by both Reviewer 1 and Reviewer 2 we mentioned the incidence of the disease, based on references;
Minor
1. we corrected the mistakes at line 36, page 4;
2. as suggested we used the same description for the unit of leukocyte counts.

COMMENTS TO REVIEWER #3:

Diego Maselli (Reviewer 3): I had the privilege of reviewing the manuscript titled: A Tricky And Rare Cause Of Pulmonary Eosinophilia: Myeloid/lymphoid neoplasms with eosinophiliaia and rearrangement of PDGFRA, PDGFRB, or FGFR1, or with PCM1-JAK2. A case report" by Dr. Zizzo and colleagues. I have a few comments.

Major comments

1) The progression of the description of the case is out of order. I would recommend describing the history (including potential risk factors), then PHYSICAL EXAM, then describing the noninvasive workup, then imaging or PFTs, then BAL. Then the bone marrow. If the principal interest of the case is a "step wise" approach the order of the description is important.

2) Please expand (1-2 lines), the on the differential diagnoses of pulmonary infiltrates and eosinophilia, i.e eosinophilic pneumonia, Loffler's, sarcoidosis, etc etc. specific infections .

Minor comments

1) In the introduction, Please describe the components classically found in the eosinophil granules
2) Please change male to "man"
3) Please briefly mention the findings on physical exam
4) Please mention the actual numbers of the pulmonary function tests.
5) On what specific findings was ILD suspected? PFTs revealed obstruction. May be deleting this sentence, because you have described the radiologic findings already.
6) In page 6, line 14, change "is commonly" to: "may be "

ANSWER
We warmly thank the Reviewer for his valuable judgment.
In full agreement with him, we have made all the required changes, as followed:

Major comments
1. we modified the progression of the description of the case as recommended, describing the history (including potential risk factors), then physical examination, then the noninvasive workup, then imaging, pulmonary function tests and bronchoalveolar lavage and lastly bone marrow findings;
2. we expanded, in the discussion section in a few lines as suggested, the differential diagnoses of pulmonary infiltrates with eosinophilia;

Minor comments
1. we described in the introduction the components classically found in the eosinophil granules;
2. we changed male to “man”;
3. we mentioned briefly the findings on physical examination;
4. we mentioned in the PFTs the actual number of Forced Expiratory volume (FEV1) indicating a moderate airflow obstruction;
5. we deleted the sentence “An interstitial lung disease was suspected” in the case description section;
6. we changed in page 6, line 14, “is commonly” to “may be”.