Author’s response to reviews

Title: Recombinant Growth Hormone Therapy in Children with Short Stature in Kuwait: A Cross-sectional Study of Use and Treatment Outcomes

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To: Journal Editorial Office, BioMed Central

From: Authors; Dalia Al-Abdulrazzaq, Abdullah Al-Taiaar, Kholoud Hassan, Iman Al-Basari

Re: Response to Editor feedback on BEND-D-15-00038 “Recombinant Growth Hormone Therapy in Children with Short Stature in Kuwait: A Cross-sectional Study of Use and Treatment Outcomes”

We would like to thank the Editor for the constructive and insightful comments on our revised manuscript. Indeed, we are grateful for these comments which have improved our manuscript.
Point-by-point responses to the Editor’s comments follow. Comments requiring change/response with appropriate references were included in this letter.

1-Language has been re-edited and highlighted in the revised manuscript as suggested. (Please see Abstract page 3 – lines 53-55, Introduction page 5 – lines 102-104)

2-What were other indications? the mentioned add up to 73.3%.

Response:

Other indications of rGH therapy has been outlined in the original and the first revised manuscript. (Please see Methods page 6 – lines 128-131, also see Table.1 – and Figure.1). The abstract has been now slightly modified to make this clearer. In the abstract, the mentioned are the most common indications of therapy in our study (GHD, ISS, and SGA). (Please see Abstract page 3 – lines 64-66)

3-no significant difference was found in gender of those who received rGH therapy in all indications combined or in each group (p≥0.40). there were patients with Turner syndrome, so I assume they were all girls. Is this sentence correct then?

Response:

Thank you for this comment. To test gender differences between the treated groups, the analysis was done excluding TS as mentioned in the original manuscript. (Please see Table 1 – footnote). To make this clearer, the manuscript has been slightly modified (Please see Abstract page 3 – lines 66-68, Results page 8 – lines 167-169, and Table 2 - footnote).

4-except for children with ISS who had a median height SDS change of 0.17 (p=0.005) what does this p refer to?
Response:

This p value refers to the difference in median change of height SDS after 1-year of therapy between the treated groups as highlighted in the manuscript (Please see Results page 8 – pages 179-181 and Table.2 variable “Heights SDS change, median (IQR)”).

5-Another striking difference between our patients and patients described in the literature is the absence of gender difference in children receiving rGH. See my comment above, it could be because of Turner female patients whom I am not sure how you treated statistically.

Response:

Thank you for the comment. Please refer to response to comment #3. In the original manuscript we have highlighted that our study population showed no gender difference in rGH therapy use compared to other reports in the literature after excluding patients with TS from the analysis. It has been reported elsewhere, that males are more likely to receive rGH compared to females after excluding TS female patients (Please see Discussion page 10 – lines 211-212).

6-Acronym list “IGF-1, IGFBP3 and SD are missing”

Response:

IGF-1 and SDS were included in the list of abbreviations in the original manuscript (Please see List of abbreviations page 14 – lines 311 and 318). Now we have updated the list to include IGFBP3 (Please see List of abbreviations page 14 – line 312).

7-[median (IQR) age 9.6(6.2-11.2) year; 8 are females]. should go to the result section.

Response:
Done. (Please see Results page 9 – lines 187-188)

Furthermore, suggested edits have been implemented throughout the manuscript and attached tables. (Please refer to “track changes” document attached to the submitted revised manuscript in the supplementary section).

A separate “track changes” document file was attached to this submission for your revision.

We appreciate the time and effort the Editor is spending on our revised manuscript and we hope that we have addressed all of the raised concerns.

Best Regards,

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