Author’s response to reviews

Title: Clinical characterization of patients with primary aldosteronism plus subclinical Cushing’s syndrome

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Version: 2 Date: 06 Dec 2019

Author’s response to reviews:

Ciarán Fitzpatrick, PhD
Editor, BMC Endocrine Disorders

December 6, 2019

Re: submission of the revised manuscript of BEND-D-19-00205R1

Dear Dr. Fitzpatrick:

I highly appreciate your e-mail dated December 3, 2019, which conveyed the valuable comments of Reviewer 1.

I carefully addressed all the comments and prepared the responses on a comment-by-comment basis. I highlighted the changes and additions that I made in response to the comments and extensively curtailed the entire text (text word count: from 5,506 to 3,993) for the better readability of the revised manuscript (R2) as per the comments of Reviewer 1. However, the
I do expect that you and Reviewer 1 find R2 finally acceptable for publication in your journal.

Sincerely,

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Warrick J Inder (Reviewer 1):

Specific comments:

Comment 1: The authors have addressed my original points. However, I disagree with the authors conclusion that “Clinicians should invariably suspect SCS in patients with PA when detecting an adrenal tumour on the CT scan, regardless of its size” according to the data presented in Fig 1. Firstly, all patients with PA and a tumor > 2.4 cm have concurrent SCS. Therefore, larger tumors almost invariably will have PASCS. Secondly, while hard to determine exactly, it appears that only one patient with PA and a tumor diameter of < 1.5 cm or thereabouts had SCS. PA and tumour < 1.5 cm has a high negative predictive value and < 1.0 cm a 100% negative predictive value for PASCS. Therefore, a dexamethasone suppression test should be clinically unnecessary in patients with a tumor < 1 cm and have a very low yield in tumors < 1.5 cm.

Reply: In consideration of your insightful comment, I modified the conclusion in the abstract (lines 19-20 of page 2) and the text (lines 3-5 of page 20) as follows: “However, clinicians should suspect concurrent SCS in patients with PA when detecting a relatively large adrenal tumor on the CT scans.” and “However, clinicians should suspect concurrent SCS in patients with PA when detecting an adrenal tumor (≥ 1 cm in diameter) on the CT scans.”, respectively--the minimal difference in wording generated in an effort to address the word count limitation for the abstract. Furthermore, I added the following sentences to the Discussion section (lines 16-18 of page 18): “None of patients, who had PA and an adrenal tumor < 1 cm in diameter, developed SCS. Therefore, the dexamethasone suppression test may not be required for them.” I highlighted the changes and additions that I made in response to your valuable comments. However, the deletions that I made are not indicated to visually facilitate text verification by you.
Comment 2: The manuscript is very long and somewhat repetitive. This makes it hard to read. The data are well presented in the Tables and Figure - it is unnecessary to repeat them again in very long narrative in the text. The Discussion could be made more concise. The authors should get the total length to under 4,000 words for readability.

Reply: In response to your insightful suggestion, I extensively curtailed the entire text of the revised manuscript R1 (5,506 words) to prepare the revised manuscript R2 (3,993 words) in an attempt to attain better readability. Furthermore, I made the Discussion section of the revised manuscript R2 more succinct. I do expect that you find R2 finally acceptable for publication by BMC Endocrine Disorders.