Author’s response to reviews

Title: Comparison of diagnostic methods for early interproximal caries detection with nearinfrared light transillumination: An in vivo study

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Version: 3 Date: 02 Sep 2017

Author’s response to reviews:

02/09/2017

Dear Editor;

First of all, I would like to thank you very much for your kind concern about our manuscript numbered OHEA-D-17-00116R2. Secondly, we carefully read your and corrected our manuscript according to your suggestion. We will send a mail for authorship change.

Finally, with all my respect, I will have a wish from you. I am very happy if we can speed up the process a bit. If this publication is accepted, I can able to apply for an academic degree next month for my academic achievement.

Once again, thank you very much for your kind concern.

King Regards

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The following are the changes made in the revision of the manuscript;

Editor's comments:

1. We note that Mehmet Eray Kolsuz has been removed as an author since original submission of the manuscript. In line with COPE guidelines, BioMed Central requires written confirmation from all authors that they agree with any proposed changes in authorship of submitted manuscripts or published articles.

In such cases, we use a standardised form which we would request you and your co-authors to complete. The change in authorship form can be found from the link on the following page: https://www.biomedcentral.com/submissions/editorial-policies#authorship

All instructions can be found on the form, please treat the 'current authorship' section as the original authorship. Please return the form within 14 days by email to the Editorial Office with all author signatures (including those newly added/removed). Please also ensure that the relevant authors change the statements in column 4 of the signature table to reflect whether their name is being added/removed

According to editor suggestion, we prepared the authorship change form and sending the form to editorial office.

2. In the Ethics approval and consent to participate section we note that you state that the Ankara University Faculty of Dentistry Ethics Committee approved your study. Please could you clarify whether the patients were recruited from the Ankara University Faculty of Dentistry.

All the patients were recruited from the Ankara University Faculty of Dentistry. The patients were selected from the outpatient clinic of Ankara University, Faculty of Dentistry. This issue was addressed in the manuscript (Line 107-108).
3. Please confirm whether informed consent, written or verbal, was obtained from all participants and clearly state this in the Ethics approval and consent to participate section. If verbal, please state the reason and whether the ethics committee approved this procedure. If the need for consent was waived by an IRB or is deemed unnecessary according to national regulations, please clearly state this, including the name of the IRB or a reference to the relevant legislation.

The informed consent was taken as “written”. This issue was addressed in the methods section.

4. We note that eligible patients were selected after an initial radiographic and clinical examination. Please could you clarify what this radiographic and clinical examination consisted of and if it is considered standard care. Please could you also clarify whether patients consented to this examination; if consent was not required please state this with an explanation.

Extra-oral clinical examination (including lymph node, sinus examination) and intra-oral examinations (including probe penetration for caries detection, periodontal probing, periodontal index measurements and intra-oral soft tissue evaluations) are the standard care for outpatient clinic. As the radiographic examination, bite-wing for caries detection (with appropriate indication) is also a standard examination procedure. All patients who are admitted to the faculty will first be examined at the “Oral Diagnosis outpatient clinic” and all patients sign the patient's consent form all these examinations to be performed.

Moreover, the teeth that were suspected for early interproximal dentin caries lesions from bitewing radiographs with no observable cavity lesions during visual examination in the posterior teeth were selected for inclusion in the study. Further written approval was taken from the patients to be part of the study.

5. We also note that both PSP-Bitewing radiographs and NILT images were obtained from the patients. Please could you clarify whether it is considered standard care to use both techniques. We would also like to ask for clarification whether all procedures and treatments used in this study are considered standard care for the patients’ conditions.
PSP-Bitewing radiographs are standard care but NILT images are not standard care. There is only one NILT machine; we use it for pregnant patients (because free of radiation) and cases, which diagnosed as uncertain caries lesions. All procedures and treatments used in this study are considered standard care for the patients’ conditions.

6. Please could you also clarify whether PSP-Bitewing radiographs and NILT images were obtained on any patients where early interproximal dentin caries lesions were not suspected.

As stated above, first intra and extra-oral examinations are performed for the patients in outpatient clinic. After initial examination, with appropriate indication such possibility of caries even though no observable caries, apparent caries lesions or interproximal periodontal disease or suspected ones, bite-wing radiographs are taken. However, if the clinical examination doesn’t lead us for possible pathology, the radiographies are not taken for all patients. As mentioned above, the initial clinical examination and also radiographic examination, patient’s consents are had to be taken.

We would also like to ask for clarification in what order the PSP-Bitewing radiographs and NILT images were obtained. If PSP-Bitewing radiographs were obtained first and a patient scored 4 or 5 please could you clarify whether NILT images were also obtained and vice versa.

PSP- Bitewings were taken firstly, then NILT images were taken, since NILT images are free from radiation, we would like to perform this as a second step in order to avoid radiation, since if NILT applied firstly, still we cannot able to validate the NILT images with another modality (such as radiography). This issue was indicated in the methods section.

7. In the Availability of data and materials section we note that you have stated that the data are available upon request. Please could you clearly state in this section who should be contacted if someone wants to request the data.
Corresponding author will deal with these requests. Contact information of the corresponding author was given at the “Availability of data and materials” section. (line 314-315).

8. In the Abstract line 29 please correct “only few studies” to “only a few studies”. Please ensure that you have thoroughly checked your manuscript for any other language errors.

Related line corrected and all of the manuscript checked again.

9. Please submit your revised manuscript as a clean copy without any tracked changes, coloured or highlighted text, as these are no longer required at this stage of the editorial process.

Revised manuscript prepared (R3) without any tracked changes, coloured or highlighted text.