Author’s response to reviews

Title: LncRNA CASC 2 is upregulated in aphthous stomatitis and predicts the recurrence

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Dear editor and reviewers, Thanks a lot for your comments. Following your instructions, we took

Dear editor and reviewers,

Thanks a lot for your comments. Following your instructions, we took advantage of your and the reviewers’ constructive criticisms and have revised the manuscript accordingly. We have carefully revised the manuscript.

1. Upon uploading your revised submission, please assign it to the section: ‘Clinical oral healthcare research’.
Response: OK. Thanks.

2. Please ensure that all figures/tables and supplementary files are cited within the main text (this does not include the declarations). Any items which are not cited may be deleted by our production department upon publication. Currently, figure 4 is not cited.
Response: We have the following description—“patients in high CASC2 level group experienced a significantly low disease-free rate during 6 months’ follow-up (figure 4).”

3. At this stage, please upload your manuscript as a single, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files.
Response: Sure. Thanks.

Section Editor Comments:

The duration of its use is short; this study also noted that they have used it only for 3 weeks. Perhaps, the authors may be asked to discuss the potential risks, what they have taken as precautions, patient selection criteria based on these concerns as a section in discussion to avoid presenting (and endorsing) a message that it is completely safe. This description can also be included in the methods. The authors have note mentioned these concerns as there is no mention in the introduction and the rest of the paper except for one line in the methods. Therefore, I think the revised version should clearly state these and
include a full discussion.
Response: We have the following description “All patients were treated with thalidomide (100 mg/day) for 3 weeks. After two weeks of therapies, all patients recovered completely.” We don’t think the “3 weeks” treatment is short. RAS in many cases only last for less than 2 weeks without treatment.
We discussed “In this study, all patients were treated with thalidomide (100 mg/day) for 3 weeks. We observed that, after two weeks of therapies, all patients recovered completely. Therefore, the course of treatment should be sufficient. I”

Thank you very much for your effort on our behalf. I look forward to hearing from you.

Sincerely yours,