Author’s response to reviews

Title: Whole-body MRI within a surveillance program for carriers with clinically actionable germline TP53 variants - the Swedish constitutional TP53 study SWEP53

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Author’s response to reviews:

Dear Editor,

Enclosed please find the revised manuscript “Whole-body MRI within a surveillance program for carriers with clinically actionable germline TP53 variants - the Swedish constitutional TP53 study SWEP53” by Omran et al. 2019.

Thank you for the reviewer’s comments that highly improved the quality of the paper. We have met the reviewers demands accordingly;

Reviewer #1: We are thankful for the positive response.

Reviewer #2: The reviewer correctly points out the small sample size. However, this is a well known challenge when it comes to “rare diseases” such as hereditary cancer syndromes. We have attempted to include the whole national cohort of all known families with germline TP53 variants. As we state in the discussion (p. 12) we hope to encourage other national studies to improve the knowledge.
Regarding reviewer #2’s second remark concerning preliminary outcomes, the aim of this publication is to raise awareness of our study outline to facilitate initiation of similar studies mainly in the Scandinavian countries where the health care system is similarly thus facilitating the study implementation. We have stressed this issue by pointing out this aim accordingly in the abstract and the discussion, and we hope this is satisfactory.

Reviewer #3:

1) We are grateful to the reviewer’s correct remark of our lack to stress genetic counselling and we have therefore added a full section on “Genetic counselling and psychological impact”, p. 10. We have also commented on the current guidelines for carriers in Sweden (p. 4, “Current Swedish guidelines).

2) The second comment concerned testing of children. We have stressed the fact that the protocol for children was developed in tight collaboration with the Swedish Childhood Solid Tumour Working Group (pp. 6 and 8) were it was decided not to force testing. This statement illustrates the differences in different countries and therefore our protocol may be more suitable for countries that are less prone to test carriers.

3) We have attempted to condense the text and adjusted the outline and hope it will meet the demands of the reviewer.

We hope that the quality and outline of this revised manuscript meets the requirements for publication in Hereditary Cancer in Clinical Practice.

Best regards,

Meis Omran and co-authors