Author’s response to reviews

Title: Denosumab improves clinical manifestations of hypophosphatemic osteomalacia by adefovir-induced Fanconi syndrome: A case report

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Author’s response to reviews:

Reply to the editor-in-Chief

First of all, we thank you for your helpful and thoughtful comments on our manuscript.

We used the highlight to indicate the revised portions of our manuscript.

We are terribly sorry. We mistyped the first author's spelling, and we will correct it as follows, “Tomohisa Kunii”.

Reply to Reviewer # 1

First of all, we thank you for your helpful and thoughtful comments on our manuscript.

We used the highlight to indicate the revised portions of our manuscript.
1. Did you mention how long denosumab was administered?

Thank you for your pointing it out. We started adding denosumab (60 mg subcutaneously) in June 2016. He continued to administration of Denosumab every six months. Currently we are ongoing Denosumab. We added these descriptions to revised manuscript. (page 7, line 117-125.)

2. What is the recommended duration of treatment with denosumab with references?

Thank you for your pointing it out. This case is a case of osteomalacia by Adehovir-induced Fanconi syndrome. In our search, there was no report of administration of denosumab in a similar case for a long time. Therefore, the recommended duration of treatment with denosumab in cases like this report is not clear. We continue to administer denosumab while observing clinical symptoms and various examination results.

Reply to Reviewer # 2

First of all, we thank you for your helpful and thoughtful comments on our manuscript. We used the highlight to indicate the revised portions of our manuscript. Our reply is as follows:

1. Title: Is long and confusing. Need to make it short and simple

As you requested, we changed the title as follows, “Denosumab improves clinical manifestations of hypophosphatemic osteomalacia by adefovir induced Fanconi syndrome: A case report”.

2. Please include patients past medical history, medications, social and family history in the presentation.

As you requested, we added the description of patients past medical history, medications and family history to revised manuscript (Page 6, line 93-97.)

3. Please describe the treatment and dosing schedule of the denosumab. How long and what dose of denosumab was administered and when was it stopped.

Thank you for your pointing it out. We started adding denosumab (60 mg subcutaneously) in June 2016. He continued to administration of Denosumab every six months. Currently we are ongoing Denosumab. We added these descriptions to revised manuscript. (page 7, line 124-125.)

4. Please comment on the patients status on the follow-up as he received the treatment in 2016.
Thank you for your pointing it out. After adding denosumab, His knee and hip pain gradually relieved. Two months after initiation of denosumab, his hip and knee pain were relieved along with a decrease in serum ALP and several bone resorption markers. Urinary β2-microglobulin decreased gradually after addition of denosumab to vitamin D3. After nine months of denosumab treatment, the mean lumbar T-score increased from -2.0 SD to -1.4 SD. His hip and knee pain finally disappeared, and he has become able to walk without pain.