Author’s response to reviews

Title: FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (STONE MAN SYNDROME)

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Author’s response to reviews:

Dear reviewers,

Thank you very much for your efforts in reviewing our manuscript with important recommendations to improve its quality. We have followed all your advice, addressing point-by-point all the remarks as listed below, and have blue-marked for your convenience all-important changes.

Reviewers’ comments:

Reviewer #1:

1- Do you believe the case report is authentic?

Comments: Yes

Answer: Thank you very much for these important remarks.

2- Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.

Comments: No

Answer: Thank you for your valuable comments.
3- Does the Introduction explain the relevance of the case to the medical literature?
Comments: Yes
Answer: Thank you for accepting literature.

4- Does the article report the following information? Where information is missing, please specify.
   a. The relevant patient information, including:
      - De-identified demographic information (age, gender, ethnicity)
      - Main symptoms of the patient
      - Medical, family and psychosocial history
      - Relevant past interventions and their outcomes
   b. The relevant physical examination findings
   c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.
   d. Diagnostic assessments, including:
      - Diagnostic methods
      - Challenges (e.g., financial, language/cultural)
      - Reasoning and prognostic characteristics (e.g., staging), where applicable
   e. Types and mechanism of intervention
   f. A summary of the clinical course of follow-up visits

   Comments: Yes
Answer: Thank you very much for your detailed review and comments.

5- Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?
Comments: Yes
Answer: Thank you.
6- Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Comments: Yes

Answer: Thank you for supporting comments.

7- Is the Abstract representative of the case presented?

Comments: Yes

Answer: Thank you.

8- Does the case represent a useful contribution to the medical literature?

Comments: Yes

Answer: Thank you very much for understanding our manuscript and supporting as a contribution to the medical literature.

Reviewer #2:

1- This manuscript has clearly showed a case about Fibrodysplasia ossificans progressiva, involving diagnosis, differentiation and treatment. However, I think it would be better if the authors added some quantitative data against Activities of Daily Life and Quality of Life.

Answer: Thank you very much for these valuable remarks.

I completely agree with reviewer about inclusion of quantitative data against activities of daily life and quality of life of the patient, but unfortunately, data could not collected during his presentation. At this moment, I regret to inform that patient has passed away 3 months ago so we cannot provide further data.

2- The abbreviations (activin A receptor, type I/activin-like kinase 2; ACVR1/ALK2) in "LIST OF ABBREVIATION" (Page 7) is inconsistent with the ones in the content (Page 3, 5).

Answer: Thank you for this correction.

Before correction sentences on page 3
It has recently been researched out that FOP is caused by heterozygous activating mutations in activin A receptor, type I/activin-like kinase2 (ACVR1/ALK2), which is a bone morphogenetic protein (BMP) type I receptor[2, 6].

Before correction abbreviation on page 7

ACR1: Activin A receptor

ALK2: Activin-like kinase

After correction page 3 sentences revised as

It has recently been researched out that FOP is caused by heterozygous activating mutations in activin A receptor, type 1 (ACVR1), also known as activin-like kinase 2 (ALK2), which is a bone morphogenetic protein (BMP) type 1 receptor [2, 6].

After Correction on page 7

The abbreviation provided in manuscript on page 3, 5 has correctly written on page 7 now as,

ACVR1: Activin A receptor, type 1

ALK2: Activin-like kinase 2