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Fwd: [BJBMS] Editor Decision BJBMS-22-7869: Resubmit

1 pesan

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20 Oktober 2022 pukul 09.49

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From: **Semir Vranic** <office@bjbms.org>

Date: Sat, Aug 27, 2022, 00:39

Subject: [BJBMS] Editor Decision BJBMS-22-7869: Resubmit

To: Muhammad Faizi <muhammad.faizi@fk.unair.ac.id>, Nur Rochmah <nur-r@fk.unair.ac.id>, Yuni Hisbiyah <yuni.hisbiyah@gmail.com>, Rayi Kurnia Perwitasari <rayi.kurnia.p@gmail.com>, Sukmawati Basuki <sukmab@fk.unair.ac.id>, Anang Endaryanto <aendaryanto.ae@gmail.com>, Soetjipto Soetjipto <soetjipto1950@gmail.com>, Qurrota Ayuni Novia Putri <qurrotaanp@gmail.com>

Dear Dr. Faizi et al.:

We have reached a decision regarding your submission "Cytotoxic T-lymphocyte-associated protein 4 +49A/G polymorphisms in down syndrome children with Hashimoto thyroiditis: Cytotoxic T-lymphocyte-associated protein 4 +49A/G polymorphisms" to *BJBMS*.

The manuscript needs major revisions and resubmission. The reviewers' comments can be found below, at the bottom of this e-mail.

If you are willing to revise your manuscript following the reviewer's comments, and answer any questions raised by the reviewers, we will be glad to reconsider it for publication.

When resubmitting your revised manuscript file, please be sure to include a rebuttal/cover letter file with a point-by-point response to the comments of the reviewers and clearly indicate on which pages of the manuscript changes have been made. Please track or highlight the changes to facilitate the review.

To resubmit a revised manuscript, please log in with your username and password and upload the revised manuscript and rebuttal/cover letter in your active submission (do not start the new submission).

The revisions are due within 2 months.

Please confirm that you have received this decision by shortly replying to this email.

Thank you for considering *BJBMS* as a venue for your scientific publication.

Sincerely,
Semir Vranic, MD, PhD
Editor-in-Chief

COMMENTS FROM THE EDITOR:

1. Please attach to your revised manuscript a point-by-point response (Rebuttal Letter) that repeats each of the reviewers' specific comments below, describes how you have addressed or not addressed each comment in your revised manuscript, and states on which line(s) in the track-changes version you have made each specific change.
2. Two reviewers raised the issue with the small sample size. You are strongly recommended to increase the sample size to increase the power of the study.
3. We recommend that your manuscript should undergo extensive English editing, please address this during revision. We suggest that you have your manuscript checked by a native English-speaking colleague or use a professional English editing service. Alternatively, we can provide an English editing service checking grammar, spelling, punctuation, and some improvement of style were necessary for an additional charge.

REVIEWER#1:

A large number of samples are required for polymorphism studies, 40 samples are not enough

Abstract of the article: The type of PCR used should be revealed

Introduction: Explain the importance of SNP studies in diseases

materials and methods: The type of PCR used should be stated and the materials and methods should be explained more fully.

REVIEWER#2:

Thank you for the commitment and effort you put into this work. I found it really very interesting and useful because it's one of the first studies which was analyzed CTLA-4 49A>G polymorphism in children with DS and HT. Please find my comments below

- Title of the article- since it analyzed only one polymorphism, it should be written as singular 'polymorphism'
- Please state rs number of analyzed polymorphism, rs231775
- line 44-Very interesting, especially because there is a new prenatal test that is performed during pregnancy (NIFT) and generally increases the awareness of chromosome abnormalities during pregnancy. Please comment
- Line 62- double HT? Typing error
- Line 72, section a)- the age of DS participants was in the range from 1 month to 18 years. Table1 shows mean age and SD as 1.78±5, unclear?
- Line 76- Please add the abbreviation for PICU Pediatric Intensive Care Unit
- Line 77. You state that the exclusion criteria were c) children receiving levothyroxine therapy. Later in the study, you evaluate the Age at diagnosis of hypothyroidism and duration of therapy with levothyroxine (line 167), Table 5- is unclear.
- Line 143- table 2 instead of Table 2, typing error?
- Line 169- double and, typing error
- Line 172- Can you state the hypothesis that carriers of the GG genotype may develop the hypothyroidism earlier, although it wasn't statistically proven possible due to the small sample size?
- Table 1. Sex- male and female instead of boy/girl.
 - Not necessary to state (%) if you already write n (%)
- Table 2- title, state also in the control group because analyzed polymorphism genotypes are also presented for the control group. Also, put polymorphisms in a singular form.
- Tables- it's a bit confusing to read tables because of presented the genotypes' order, maybe it should be clearer and easier to follow if you make an order as wt AA, heterozygous AG, and homozygous variant GG.
- Additionally, logistic regression analysis to estimate the risk would be much easier to follow if you write it in a separate table with 5 common genetic models 2x2 (A vs. G, AA vs AG, AA vs. GG, AA vs AG+GG dominant model, AA+AG vs GG-recessive model).
- You should test HWE for both groups. It seems like there is a significant deviation of HWE for the control group (p=0.0001), the observed genotypes are much different from the expected one according to HWE (AA/AG/GG- 13/1/6 observed, while the expected one is 9/9/2). Please check your results, and state the HWE and possible explanation for deviation (It could be due to the small sample size...). If it's possible please extend the control group for at least 40 samples.
- Line 240- additional limitation is the very small sample size, especially in the control group.
- Line 246- there was one participant with AG genotype in the control group so it should be better to state "in patients' group" instead of "study participants"

REVIEWER#3:

In this original study, CTLA-4 +49A/G gene polymorphism was found to be a risk factor for the susceptibility to HT among DS children. The author explained clearly the topic and the importance of the research question addressed in the manuscript. However, some minor/literal and semantic revisions and additions should be performed to better understand the manuscript and increase the quality of this genetic-based study.

REVIEWER#4:

Cytotoxic T-lymphocyte-associated protein 4 +49A/G polymorphisms in down syndrome children with Hashimoto's thyroiditis is a well-written manuscript with clear aims and hypotheses. The introduction is sufficiently detailed, methodologies are described, and results are presented in table format. The conclusion derived from this report deserves a broader audience and satisfies the project's aims.

BJBMS

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Fwd: [BB] Article 7869 proofreading

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23 Februari 2023 pukul 10.20

Kepada: Endokrin Unit Kerja Anak <endokrin.ilmiah@gmail.com>

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Dari: **Nejra Selak** <nejra@bjbms.org>

Date: Sen, 6 Feb 2023 10.49 PM

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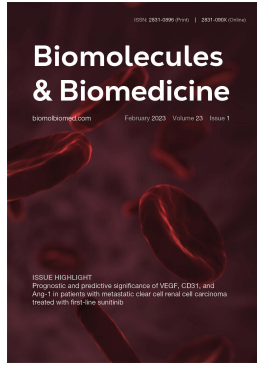
There are queries at the beginning of the document, as well as in the text.

If you are unable to undertake this work at this time or have any questions, please contact me, otherwise please respond with corrections within 3-5 working days.

Nejra Selak

Editorial Assistant

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