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OPEN PEER REVIEW

Baseline Clinical Factors Associated with Cessation of Growth Hormone Therapy in Patients with Severe Growth Hormone Deficiency - Real World Evidence

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About this report

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Contents

1 Original submission 2
2 Revision 1 Associate Editor 3
Authors' reply to reviewers 4
Reviewer and editor comments 6

1 Original submission

0 comments

No public comments in this round.

2

Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

12.07.2024

Dear Editor-in-Chief,
We would like to thank you and the reviewer for the comments and suggestions and the opportunity to revise our manuscript. We have enclosed point-by-point response to all questions/comments raised. All the changes in the manuscript appear in red.

1. ***What was the criteria of severe GH deficiency?***

   Answer: We thank the reviewer for the comment. In this study, severe GH deficiency was defined as failure of GH response to reach a peak level of 9mU/litre (3 ng/ml) following a dynamic test (Insulin stress test or glucagon stimulation test). For patients who had a history of organic hypothalamic-pituitary disease and 3 or more hormone deficiencies, severe GH deficiency was diagnosed based on low serum IGF-1 levels. We have now added this clarification to the methods section.

2. ***In diagnosis of idiopathic GHD section: Are patients known as pediatric GHD continuing GH therapy until adulthood or diagnosis of GHD was made during adulthood?***

   Answer: Thank you for raising this question. All the patients in this study were diagnosed with idiopathic GHD as adults. We have now clarified this in the results section.

3. ***If they are pediatric GHD, are the authors follow guidelines of transition to adulthood for GH therapy? (Cessation of drug and reassessment?)***

   Answer: As indicated above, all patients with idiopathic GHD were diagnosed adults. No participants in this cohort transitioned from childhood to adulthood with idiopathic GHD.

4. ***In discussion: Authors write that adults GHD may be a continuation of childhood onset GHD which is mostly idiopathic in nature. As childhood GHD is mostly genetic in nature, have authors evaluated genetic causes of GHD? Because in these patients GHD is permanent.***

   Answer: We are grateful to the reviewer for this comment. Patients with idiopathic GHD in our cohort were diagnosed as adults. Although, we have pointed out in the discussion section that idiopathic adult GHD may be a continuation of idiopathic childhood onset GHD, this is not applicable to our patient cohort. We have now clarified this in the discussion section.

We acknowledge that childhood GHD may have genetic causes, we have however not explored genetic causes in our manuscript. We have added this as a limitation.

5- Please revise and complete references in accordance with the "instructions for authors" of the IJEM.

Answer: Thank you. This has now been done in line with “instructions for authors”.

2 Revision 1

1 comment · 17 Sep 2024

Associate Editor

ACCEPT 17 Sep 2024

The manuscript is accepted.