

September 19, 2014

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 12870-review.doc).

**Title:** Sleep Disordered Breathing in Interstitial Lung Disease: A review

**Author:** Lauren K. Troy, Tamera J. Corte

**Name of Journal:** *World Journal of Clinical Cases*

**ESPS Manuscript NO:** 12870

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

**(1) “The manuscript might also benefit from soem figures. I would suggest one to illustrate the classification system for ILD”**

a) We agree that a figure demonstrating classification of ILD would improve this review and have accordingly included this diagram (figure 1.) This has been adapted from the classification schemes of 1) ATS/ERS International Multidisciplinary consensus classification of the idiopathic interstitial pneumonias. *Am J Resp Crit Care Med.* 2002; and 2) Travis et al, An official American Thoracic Society/European Respiratory Society statement: Update of the international multidisciplinary classification of the idiopathic interstitial pneumonias. *Am J Respir Crit Care Med*, 2013.

b) We have already included a figure to demonstrate the putative mechanisms of SDB in ILD.

**(2) “UIP is the term used for the main form of idiopathic fibrosis, and I would prefer this term to IPF (which could refer to UIP, NSIP or COP if no cause for the histological type is found)”**

We would have to defer to current published guidelines (1) and (2) mentioned above and re-state that UIP is not the term used for the main form of idiopathic fibrosis. This is a radiologic or pathologic diagnosis, which inform the *clinical* diagnosis; e.g. idiopathic pulmonary fibrosis. IPF does not = “UIP, NSIP or COP” under any current definitions. The UIP pattern is seen in IPF, as well as some other conditions. **IIP (idiopathic interstitial pneumonia)** does encompass the diagnoses of IPF, NSIP and COP, along with RB-ILD, DIP, LIP, AIP, IPPFE and unclassifiable IIP.

**(3)** The 3 comments from the editor are answered and highlighted within the manuscript.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Clinical Cases*.

Sincerely yours,

Lauren Troy MBBS, BMedSci, FRACP (*electronically signed*)

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