10/15/2018

Accept with minor revisions.

The authors have greatly improved their manuscript as noted by Reviewer 2. However, Review 1 does raise some valid concerns which necessitates revising the manuscript further. There is definitely a difference between the detection rate of CMA (13%) and MLPA (4.35%). This would appear to be significant and would indicate some potential pathogenic variants could be missed solely using MLPA. Also, as pointed out, as more individuals are tested, particularly using CMA, more dups/dels will be identified. It will be difficult for MLPA probemixes to keep up. Lastly, as the authors indicated in their rebutted letter, MLPA may be better suited for laboratories or regions of the world where CMA usage may be prohibitive because of cost. This is not emphasized in the paper; rather the authors focus on the "comparability" of data for the two technologies when in fact they are not (13% is much greater than 4.35%).

Therefore, the authors should modify their part to better address these issues.