Author's response to reviews

Title: Polymyositis complicating pancreatic adenocarcinoma treated with corticosteroids along with cancer specific treatment: case report

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Author's response to reviews: see over
Dear Editor:

Please find attached an electronic copy of our revised full text manuscript in Word format (file name: pancreaspolymyositis_revised.doc) regarding our case report with Manuscript ID 1043096384747396.

We welcome the comments of the reviewers that we have found very helpful. We would like to thank both reviewers for their meticulous work.

We have therefore made some amendments to the manuscript as described below:

The title of this case report has been changed to “Pancreatic adenocarcinoma-associated polymyositis treated with corticosteroids along with cancer specific treatment: case report” given that the phrase “polymyositis complicating pancreatic adenocarcinoma” might not be as proper.

We have changed accordingly in the background section of the abstract the word “complicated” by “associated” following the reviewers’ suggestion.

In the introduction we made clearer the association between inflammatory myopathies and cancer, and we focused on the negative impact of the significant symptoms at diagnosis on prognosis. We have decided to omit the possible association between cancer and myopathy as a negative prognostic factor.
In the case presentation section we clarified both the issue of the immediate switch of IV methylprednisolone to oral methylprednisolone, and that the relapse of pancreatic cancer was not followed by a relapse of myositis.

In the discussion we took the opportunity to point to the relevance of the novel anti-p155 autoantibody in cancer associated dermatomyositis. We have also amended the main message of the article as the reviewers suggested. We indeed point that it is difficult to evaluate the clinical response of paraneoplastic polymyositis to immunosuppressive treatment (glucocorticoids) per se since other factors (such as an indirect action of the cancer specific treatment) might contribute to this effect.

We have performed a further immuhistochemical study (staining for CD8 expressing lymphocytes) as the reviewers suggested. We have added the corresponding figure that we consider as further evidence to the patient’s diagnosis. We are afraid that despite our efforts other suggested studies (MHC1 and membrane attack complex) are unavailable.

Written consent was obtained from the patient as for publication of the study.

Please accept our apologies for submitting our revised document a few days after the deadline as we have anticipated in our previous e-mail.

We thank you and your team for your collaboration and look forward to your reply.

Sincerely yours,

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