Author's response to reviews

**Title:** High expression level and nuclear localization of Sam68 are associated with progression and poor prognosis in colorectal cancer

**Authors:**

Wen-Ting Liao (Liaowt2002@gmail.com)
Jun-Ling Liu (liujl@sysucc.org.cn)
Zheng-gen Wang (wangzghd@yahoo.com.cn)
Ling Shi (sling100@163.com)
Yan-Mei Cui (355341388@qq.com)
Ting-Ting Li (vilitation@163.com)
Xiao-Hui Zhao (Xiaohuizhao27@gmail.com)
Xiu-Ting Chen (Xiuting2005@163.com)
Yan-Qing Ding (dyq@fimmu.com)
Li-Bing Song (lb.song1@gmail.com)

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**Author's response to reviews:** see over
Dear editors:

Thank you for your decision letter dated Apr 22, 2013, regarding our manuscript (MS: 2642303377933807), entitled “High expression level and nuclear localization of Sam68 are associated with progression and poor prognosis in colorectal cancer” authored by Wen-Ting Liao et al. We have taken all the points raised by the reviewers and added necessary data as the reviewers suggested. We are now re-submitting a revised manuscript with point-to-point responses to the critiques (please find it below). I hope that you will find that the current version of our manuscript is suitable for publication in BMC Gastroenterology. If you have any question regarding the re-submitted manuscript, please do not hesitate to contact me.

Sincerely yours,

LB Song, MD, PhD,
State Key Laboratory of Oncology in Southern China,
Department of Experimental Research,
Sun Yat-sen University Cancer Center, Guangzhou 510060, P.R. China.
Phone: 86-20-87343192,
Fax: 86-20-87343171,
E-mail: lb.song1@gmail.com
Response to reviewers’ comments and suggestions

Reviewer #1
Reviewer: Per Pfeiffer
Reviewer's report:
1. The main problem is that the authors do not clearly state what was the aim of their study.

Response: We appreciate the reviewer’s points and feel sorry for the vague statement. The aim of this study was to investigate the clinicopathologic significance of Sam68 expression and its subcellular localization in colorectal cancer (CRC). We have made refinement to emphasize this aim in the background section of our revised manuscript.

2. It is not fair to evaluate TNM staging AND Dukes. They should have selected one.

Response:
We totally agree with the suggestion of the reviewer’s points and we have deleted the Dukes evaluation and made corresponding change in the revised manuscript.

3. On page 7 the authors write” The median ± standard deviation (SD) follow-up time for all patients was 58.47 ± 26.14 months; the mean follow-up time for survivors was 69 ± 9.5 months”

I asked the authors to use median (and not followed by SD)

Response:
We appreciate the reviewer’s points again. This time we are sure to have made appropriate correction according to the reviewer’s suggestion in the revised manuscript.

4. 53 patients received adjuvant CT but 97 had N+ disease. How were pts selected?
Response: We are sorry for the mistake. Actually, when we referred to this clinical material again we found that the correct information was that all of the patients had received chemotherapy after surgery. We have corrected it in *Patients and tissue specimens* section in the revised manuscript.

5. Wrong number in Fig 6 B

Response: We are sorry for the mistake. We have corrected the number in the revised Figure 6B.

6. Difference between two curves can not predict efficacy of CT

Response: We agree with the reviewer’s point and have corrected it in the revised manuscript.

7. Did the authors correct for multiple comparisons

Response: Yes, we did.