Author's response to reviews

Title: Penile metastasis from primary cholangiocarcinoma: the first case report

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Version: 2 Date: 26 September 2013

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

Metastatic penile carcinoma derived from cholangiocarcinoma (CCA) has not been previously reported in the literature. Common metastatic sites for CCA include the regional lymph nodes and adjacent organs. CCAs are not highly vascularised tumours, making hematogenous metastases uncommon. Hematogenous CCA metastases commonly occur at distant organs such as the lungs, adrenal glands, and bones. Median survival for patients with metastatic disease is generally less than 1 year. Brain metastasis and leptomeningeal carcinomatosis secondary to CCA are extremely rare, with only a few cases reported in the literature. Such patients show decreased survival. To date, there is no case of penile or urogenital system metastasis from CCA described in the literature. Therefore, this article represents the first case report of penile metastasis from CCA.

All authors have made a significant contribution to the findings and methods in the paper.

All authors have read and approved the final draft.

The authors declare that they have no financial or commercial interests.

The work has not already been published and has not been submitted simultaneously to any other journal.

The corresponding author takes on the above responsibilities with his signature.

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Antonio Luigi Pastore
Reviewer’s report

In this study authors report the clinicopathologic and immunohistochemical features of a cholangiocarcinoma metastatic to the penis. According to the authors’ review this is the first case of such instance. Recommendations for improving the manuscript are provided below.

MAJOR COMPULSORY REVISIONS

- Keep in mind that case reports submitted to the journal should make a contribution to medical knowledge and must have educational value or highlight the need for a change in clinical practice or diagnostic/prognostic approaches. In this regard, please expand the Discussion to include how the case was handled until the final diagnosis was reached, including all the steps taken for ruling out other more common malignancies that might have similar clinical and pathologic features. For example, considering gender and age, prostatic and bladder carcinomas, which may have glandular features as well and are more common as penile secondary tumors, should also be taken into account. Instead of plainly stating that this is the first case report of a cholangiocarcinoma metastatic to the penis (which indeed is interesting but has limited value per se), please discuss the finding in the context of other penile secondary tumors. Considering the rarity of such clinical scenario other diagnosis must be discussed to offer the readers a broader perspective of the clinical situation. Keep the focus on the case and build the Discussion around it.
Dear Reviewer,

thanks for you important concerns. In light of your suggestions, we have significantly reviewed and reassessed the discussion, including how the case was managed and how the diagnosis was achieved. Moreover, as you suggested, we added a brief description of other penile secondary tumours and included more details about the clinical features of metastatic penile cancer (adding a new reference [n.10]).

We hope to have satisfied your precious requests and we believe that the manuscript increased in quality and clarity.

Thank You indeed.

MINOR ESSENTIAL REVISIONS

- Figures are of great quality. Nevertheless, I don’t think showing the primary tumor (Figure 3A and B) is necessary, considering that the diagnosis of the primary lesion is not under discussion. I also feel that Figure 3C is at too low power to be of any help. Please consider keeping only Figure 3D and create a panel of immunohistochemical stains showing the same microscopic field. Also, for the same reason, please consider dropping Figures 4A to F and showing only the immunohistochemical findings of the secondary lesion. As mentioned before, it would be more impressive if H&E and immunohistochemistry show the same microscopic field.

Dear Reviewer,

as suggested, we have rearranged the figure n. 3 and 4 which show the same microscopic field, and we have improved the graphics resolution.
Reviewer's report #2

Title: Penile metastasis from primary cholangiocarcinoma: the first case report

Version: 1 Date: 11 September 2013

Reviewer: Zsófia Küronya

Reviewer's report:

Accepted without comment.

Good luck ! :)

... looking forward to further publications on the progress of treatment of this particular case.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

The English form has been reviewed and corrected.

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.