Author’s response to reviews

Title: Primary myxofibrosarcoma of the parotid: case report

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Author’s response to reviews:

Dear editor:

Thank you for your letter of March 26, 2010 regarding our manuscript entitled “Primary myxofibrosarcoma of the parotid: case report” (Ms: 1285967114340179) that was submitted to BMC Cancer for publication. We are very pleased to be asked to submit a revision and are delighted to know that the three reviewing members felt the case report appreciated. We found the comments and suggestions of the reviewers extremely helpful.

Please find our uploaded revision and response as follow in which we have carefully addressed the issues raised by the reviewers, point by point. We believe their comments and suggestions have significantly improved the quality of the manuscript and made it publishable.

List of Major Changes:

1). Patient has been staged according to the 2002 American Joint Committee on Cancer (AJCC).
2). Information on the resection-margin status has been inserted.
3). Information of postoperative radiotherapy has been added and indicated.
4). Full names of the markers which were used in immunohistochemical analysis have been given.
5). Some grammar and spelling errors have also been corrected.
6). An arrow for indicating the hypodense tumor in the CT scan on figure 1 has been added and the corresponding figure legend has been changed accordingly.
7). Figure 4-6 has been combined and labeled as 4a-c.
8). In figure 2, the heading has been changed into “during surgery” instead of “in surgeon”.
9). The references of “Soft tissue sarcomas with complex genomic profiles” and
“Spectrum of low-grade fibrosarcomas: a comparative ultrastructural analysis of low-grade myxofibrosarcoma and fibromyxoid sarcoma” have been added. Comment on the issue of differential diagnosis has been given.

10). Negative immunohistochemical figures are provided in figure 5.

Response to Reviewers:

1). After verification, the patient left hospital without radiotherapy because of expense problem. After returning home, at a local hospital of Yuncheng City, she received the full dose of radiation (68.4 Gy). Therefore, we had this problem corrected.

2). The tumor cells are negative for CD34, DES, MG and SMA, but immunohistostaining by S100 was not performed.

3). Unfortunately, we did not keep the sectional and general photographs of the tumor. We are not able to clarify connection of a tumor and circumference tissue macroscopically in photographs.

Thanks again for your reconsideration of our manuscript for publication in your journal. We look forward to your favorable decision.

Sincerely,

Xu Li