Author's response to reviews

Title: Metastatic lymph node in gastric cancer; Is it a real distant metastasis?

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Author's response to reviews: see over
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Dear Editor

_BMC CANCER_

**Re: MS 1635781692278301**

We appreciate the opportunity to reply to the thoughtful review on our manuscript. We revised our manuscript according to the reviewer’s suggestions. Please find attached manuscript, which was revised and condensed to a shorter form. Our reply to your comments is listed on the next page, and the revisions are underlined in the text.

Sincerely yours,

Young Suk Park, MD & Do Hyoung Lim, MD
Reviewer #1 (Dr Maehara)’s comments and suggestions:

The authors evaluated the survival and prognosis of gastric cancer patients with LN#12 or #13 involvement only and assessed the impact of anatomic regions of primary gastric tumor on survival in this particular subset of patients. As they analyzed the patients with LN#12 or #13 involvement only, it is difficult to conclude that curatively resected gastric cancer patients with pathologic involvement of LN #12 and/or #13 had favorable survival outcome, especially those with primary tumor location of mid-body to antrum. They should compare patients with LN#12 or #13 involvement to those without involvement.

-> Thanks for the suggestion. In the initial data of 5687 patients, we found 1008 stage IV patients who received curative R0 resection. We divided the patients into those with LN#12/13 involvement and without. Please refer to the underlined sentences in the Patients and Methods, as well as in the Results section. We found similar OS when compared to patients without LN#12/13 involvement.

Reviewer #2 (Dr de Manzoni)’s comments and suggestions:

Number 12 nodes are evaluated together but it is well known that the node in the anterior part (12a) are routinely dissected in D2 dissection and are not considered in the JCGA classification as distant metastasis. It is necessary that the authors analyze their series dividing node 12a from the other nodes of the hepatoduodenal ligament.

-> We totally agree with your comment. Our study was limited in the point. Actually our policy did not divide LN#12a and others when we perform D2 gastrectomy. We added sentences in the Patients and Methods as “While our department policy usually recommends removal of LN#12 and #13, pathologic examination of LN#12a from the other nodes of the hepatoduodenal ligament was seldom performed.” We also stated in the end of Discussion as “Our result
should be interpreted with caution because it represents only a small group of patients with gastric cancer and the LN#12a and other lymph nodes of the hepatoduodenal ligament were not evaluated separately.”

**Editor’s comments and suggestions:**

1. The referees raised a number of concerns regarding a suitable control group.
   -> Thanks for the comment. We edited the whole manuscript into more detailed one, including comparison with control group. Please refer to the revisions underlined in the text.

2. Please provide a section on ethical approval and informed consent, competing interests, authors’ contributions and acknowledgements.
   -> A sentence regarding informed consent and IRB approval was added to the Patients and Methods section. Similarly, other concerns you raised were corrected (at the end of the main text).