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
Dear Editor

BMC CANCER

Re: MS 1635781692278301

We appreciate the opportunity to reply again 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 compared the survival of patients with LN#12 or #13 involvement to those without involvement according to the reviewer’s comment. However, they evaluated the survival in stage IV. The survivals are almost the same in the same stage. This study aimed to clarify the significance of LN#12 or #13 involvement in prognosis. It seems to be insufficient data and evaluation to reach the conclusion.

--> Thanks again for the invaluable comment. We admit our current analyses were limited in the point you raised. Given the retrospective nature of the study, please refer to the sentence we inserted at 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”.

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

Unfortunately the authors could not answer to the question I have posed because the analysis of the hepatoduodenal ligament nodes were done separately and the study is a retrospective study. However they reported in the methods and in the conclusion clearly this bias. There is no doubt that without these informations the paper is weaker anyway it could be still interesting for those closely related to the problems of N staging and lymphadenectomy in gastric cancer patients... In conclusion I believe that the paper could be acceptable for publication.

--> Thanks for your understanding.

Editor’s comments and suggestions:

If in the Japanese Classification LN12+ does not make a patient M1, then why
are they comparing this group with M1 patients?

-> Thanks for the comment. That was the exact question we wanted to explore in the current analyses. There are some discrepancies between the Japanese classification and the current available UICC/AJCC TNM staging system. We think, as already stated in the Discussion, it should be prospectively evaluated if we should take into account the site of the primary tumor for LN classifications, at least for the LN#12 and #13.