Author's response to reviews

Title: Impact of adjuvant chemotherapy for gliomatosis cerebri

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

We are thankful for the very constructive comments that we received on the previous submission. On behalf of the co-authors of the submitted manuscript Version 2 [“Impact of adjuvant chemotherapy for gliomatosis cerebri”], I have the pleasure of submitting a revised form of this work for consideration.

Based on the reviewer’s comments and suggestions, the manuscript underwent revision and several points in the text have been rewritten, amended, or further analyzed for reasons of precision and clarity. Together with the revised version of the manuscript we are submitting our point-by-point response to the reviewer’s comments.

Author Comments
In the next paragraphs you will find the reviewer’s comments upon the originally submitted version of the manuscript. After each one of these notes you may find our response.

We would like to thank the reviewers for their helpful decisive comments and suggestions that gave us the opportunity of critically revising our work. We hope this revised version of the manuscript has substantially improved to meet the journal’s standards for publication.

Sincerely,

Do-Hyun Nam, M.D., Ph.D.
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1. Major Compulsory Revisions:

The authors must clearly state, at the beginning of Discussion, that 19/37 cases only are primary gliomatosis, while the others are secondary gliomatosis or diffuse gliomas.

There may be some confusions. In this study, all enrolled patients were diagnosed with primary gliomatosis cerebri at the initial diagnosis. According to the treatment modalities, onset of tumor progression was variable. However, tumor progression in GC does not imply secondary gliomatosis. In the literature, there was no term about primary or secondary gliomatosis.
2. Discretionary Revisions: The author must report in the Discussion their explanation for the lack of precise histological typing. 
As reviewer recommended, we added that into the discussion section (page 8, line 4),
“However, GC should not be diagnosed by histopathological finding, but by radiographic findings. Furthermore, in most cases, difficulties in interpreting histological specimen are attributable to scattering of tumor cells and small amount of tissue specimens obtained by stereotactic biopsy. Therefore, it was too difficult to clarify the specific histological types (astrocyte-dominant or oligodendroglial-dominant) based on the tissue specimen.”