Author’s response to reviews

Title: Mucins in neoplastic spectrum of colorectal polyps: can they provide predictions?

Authors:

Mahsa Molaei (m_molaei@sbmu.ac.ir)
Babak Khoshkrood Mansoori (kmbabak@gmail.com)
Reza Mashayekhi (rzmarsh@gmail.com)
Mohsen Vahedi (mohsenvahedi540@gmail.com)
Mohamad Amin Pourhoseingholi (aminphg@gmail.com)
Seyed Reza Fatemi (nedafat20@yahoo.com)
Mohammad Reza Zali (nnzali@hotmail.com)

Version: 3 Date: 21 December 2009

Dear BMC-Cancer Editorial Board,

Authors of the Manuscript ID 1919776877268055 appreciate the extended deadline that they have been granted for revision of this manuscript. We have tried our best to address the points made by international reviewers thoroughly. Extreme care has been taken to highlight any changes or revisions in an intelligible fashion inside the main text.

Reviewer 1: Atsunori Oga

I read and checked the reviewer’s comment including mine and others. The authors responses to my comment were sincere and generally appropriate. However, I can not understand enoughly about the words of "adenoma with invasive growing". Please show and explain your standard of the pathological classification using the photographs and the figure legends in your manuscript. I think this is important. However, this is not compulsory revision but recommendations for improvement.

Special thanks to the reviewer for this sincere comment. We could totally understand Dr. Oga’s concerns regarding the expression “adenoma with invasive growing”, so we conducted a small peer review inside our institution, which led us to understand that the aforementioned expression was actually misleading. So, extreme measures were taken to provide more elucidation regarding this notion, either for the reviewer or inside the main text.
To be clear, by “adenoma with invasive growing”, we meant intramucosal adenocarcinomas or Adenomas that show invasion of the mucosa or the muscularis mucosae (but not beyond). With regret for any kind of inconvenience this mistake might have brought, care has been taken to modify the main text, tables, etc., appropriately in order to address this mispresentation. The modified areas, and replacements are highlighted with red.

Reviewer 2: Yasuyuki Sugiyama

Major Compulsory Revisions

1) Even though, in reply to my comment, the authors told that these scarce missing cases could not be deleted from our data, I can not agree with it. Missing cases should be deleted.

It is implied from this comment that the reviewer has got a serious concern in terms of missing values in some of our variables. As a matter of fact, having missing values in certain variables can have a disastrous impact on the validity of conclusions. So, we totally understand why someone would worry so much regarding this issue.

Before proceeding with addressing this issue, we would like to insure the dear reviewer that we have already taken extreme measures to avoid any kind of bias in our research, although we do not claim that our data are perfect. By the way, having a great deal of enthusiasm to delete the missing values as is instructed in the comment, we took steps to realize if it was possible to do this.

In dealing with missing values, one basic question should be answered in the first place: Is it plausible to assume that the missing data are distributed completely at random? Answering this question is critical. Because, although missing values carry no positive or negative values overall, their presence is not idle. In other words, simply deleting them would influence the random distribution of cases, and would influence the results, unless one can confidently assume that missing data have a completely random distribution.

Given these facts, we cannot be sure that simply deleting our scarce missing data will have no negative consequence on the validity of our conclusions. The article below would help to have a better understanding of the rationale behind our concerns in respect to simply deleting the missing values:


2) The authors used not polypectomy specimens but biopsy specimens for present investigation. Is the MUC immunoreactivity of biopsy specimen almost equal to that of polypectomy specimen? I guess that the MUC reactivity might be different depending on the size of polyp.

Thank you very much for this comment. Authors would appreciate if they could receive a clue about the pertinence of this comment to their manuscript. It would be great if we could have this question restated and stipulated in a more precise fashion. Moreover, given the statement “MUC reactivity might be different
depending on the polyp size”, we would like to appreciate this as a valuable hypothesis for further future studies.

3) Is it possible to diagnose as “invasion” by use of biopsy specimen? If so, please describe the criteria of invasion.

Special thanks for this comment. The problem that is mentioned by the reviewer has actually arisen from some sort of misrepresentation of facts. In other words, by stating “invasion”, or “adenoma with invasive growing”, we actually meant to represent intramucosal adenocarcinomas or Adenomas that show invasion of the mucosa or the muscularis mucosae (but not beyond). Thus, as in stipulated in answer to the first reviewer, care has been taken to address this issue meticulously inside the text. The revised parts of the manuscript are highlighted with red color.