Author's response to reviews

Title: Clinicopathologic characteristics and prognostic factors of ovarian fibrosarcoma: the results of a multi-center retrospective study

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Version: 2 Date: 16 September 2010

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

Thank you for your review of our manuscript (MS: 1038793055403434). We appreciate the concerns and suggestions provided by you, Dr. Murat Gultekin and Dr. Ardeshir Hakam. I have revised our manuscript accordingly. Our point-by-point responses are provided below, and text that has been added or modified from the original text is shown in the revised manuscript in red font. We know that your journal has high publication standards, so in advance of re-submission, we had this manuscript copyedited by a professional English editing service that specializes in scientific papers.

Upon review of our revised manuscript, we hope that you will find it acceptable for publication in *BMC cancer* and we look forward to your response.

Sincerely yours

Min Zheng

**Answer for Dr. Murat Gultekin**

1. The article is in need of a Professional English editing. Current style is not appropriate for publication. It includes so much grammar, linguistic and syntax errors. It is very hard to read and understand and far from being fluent. There are Professional editors on web and I really insist on such Professional English editing.

**Answer:** We appreciate the reviewer’s concern since English is not our native language. We have now had our manuscript reviewed by a professional scientific editing service.
2. The order of references is not consecutive. For example on page 3, background section, (1-3), (4) and then (1, 2,11)…11 is not in the order. This error is seen in every part of the paragraph and is not acceptable on international publication standards.

**Answer:** Thank you for bringing this to our attention. We have now corrected the order of references and reviewed their formatting.

3. Methods Section, 2. Paragraph: The authors describe the cases in such a way that the readers may misunderstand. It seems that all the patients are treated and staged by the authors. For example, they say all tumors were staged based on examination, chest X-ray, pyelography…etc. They again claim that when there were suspicious findings on chest X-ray, CT of chest or brain was carried out. This is wrong. 18 of the cases + 5 Chinese patients does not belong to the authors series. Did all 31 patients have a pyelography?

**Answer:** We agree with the reviewer’s perspective. We have now replaced the text, “All patients”, with a specific description in the Methods section as follows: “Patients from the Medical College of Shantou University (n = 3) and the Cancer Center, Sun Yat-sen University (n = 5) were staged according to the FIGO clinical staging system for ovarian cancer, and included information from physical examinations, chest X-rays, intravenous (i.v.) pyelography, cystoscopy, sigmoidoscopy, abdomino-pelvic computed tomography (CT) scans, or magnetic resonance imaging (MRI). When suspicious findings were identified on chest X-rays and/or during physical
examination, a CT scan of the chest and/or brain was performed.”

4. Method Section, 3. Paragraph, the authors say that they have calculated the end points from the date of radical hysterectomy. This is wrong. That should be the date of surgery for their series and a presumed date of surgery in the other 18+5 patients from the literature.

**Answer:** Thank you for this suggestion. We have now modified the text as follows:

“The primary end point was any cancer-related death. End points were calculated from the date of surgery for the cases from the Medical College of Shantou University and the Cancer Center, Sun Yat-sen University, while a presumed date of surgery was estimated for the additional 23 cases reviewed from the literature.”

5. Methods section, 4. Paragraph; as an international Standard, there is no free disease survival. That should be Disease Free Survival (DFS). This change must also be done in legends of figures and Tables, in the rest of the manuscript.

**Answer:** Thank you for this correction. We have now modified the text to refer to “Disease-Free Survival (DFS)” in the manuscript and also in the figure legends and Tables.

6. Pathologic Features; again the authors claim the cut surface of the tumor showed tan-yellow discoloration and partial necrosis. Microscopically, densely cellular spindle-shaped…These are true for only their cases, not for all 31 patients. How do
they know the microscopic features and gross features of the patients picked from the literature. These phrases should be changed accordingly.

**Answer:** We agree with the reviewer’s suggestion, and have modified this section of text as follows: “The specimens from the Medical College of Shantou University (n = 3) and the Cancer Center, Sun Yat-sen University (n = 5) were solid tumors, and a cut of the surface of the tumor revealed tan–yellow discoloration and partial necrosis. Microscopically, spindle-shaped cells were densely arranged in a whirling pattern, with myxoid stroma and hemorrhages observed in some areas. In general, the tumor cells contained elongated hyperchromatic nuclei, and in some areas, round or oval nuclei were observed.”

7. Discussion section, there is a duplication. The authors again say their results. This sentence should be deleted “In our study, the Ki-67 (MIB-1)) proliferation index ranged…..were 100% and 27.2%, respectively (P=..) (2 year…..,P=0.076)”

**Answer:** We appreciate the reviewer’s suggestion, and have now removed this section of the text.

8. Since this is also duplication, please delete the first sentence of the 3. Paragraph of discussion section “Ovarian fibrosarcoma are very rare tumors that originate …..number of patients”

**Answer:** As recommended by the reviewer, this duplication of text has been removed.
9. The study of Huang et al is 10 years ago. Therefore, the authors should delete recently phrase in this sentence

**Answer:** We agree with the reviewer and have deleted the word “recently”.

10. Again, on discussion section, there is a repeat duplication of the same results of treatment. Please delete the 9 lines of the last 10 lines at the end of discussion; “Because of the limited number……with ovary fibrosarcoma compared with BAO/OR/BAO+RT/CT”

**Answer:** We have removed this text as suggested.

11. Please define what does BAO+RT/CT means? Is #t CT or RT; or RT plus CT

**Answer:** To clarify this, we have defined the treatment groups in the Results section as follows: “Nine patients were treated with a total hysterectomy with bilateral adnexitomy and an omentectomy (BAO), 8 patients underwent an oophorectomy (OR), 1 patient received chemotherapy (CT), 11 patients received BAO followed by chemotherapy (BAO+CT), 1 patients underwent BAO followed by treatment with radiotherapy (BAO+RT), and 1 patients underwent oophorectomy followed by radiotherapy (OR +RT)”.

12. References are not written according to international standards. For example, in line references 13,14,17 there is (J)..I did not understand what it is? Also, on references 19, 20, 16 there are EPUB..These are Pubmed phrases, not international
standards. On reference 13, 17 why don’t you use lower cases? And in reference 13, 17 there are et.al.. You should write the whole authors.

**Answer:** We have revised the reference list as requested.

13. On Table 1, please only write the surname of the authors. For example not Jaime Prat et al, but instead Pratt et al should be used.

**Answer:** We have now revised the format of the references provided in Table 1.

14. On Table 2, the authors shortly write CS as a cytoreductive surgery. These surgeries cannot be accepted as CS. Rather they should obey their original classification BAO.

**Answer:** Thank you for this suggestion. Table 2 has now been modified.

15. Table 2 and Table 3 include the same variables and should be combined.

**Answer:** Thank you for this suggestion. Tables 2 & 3 have now been combined.

**Answers for Dr. Ardeshir Hakam**

**Query 1:** 1) The abstract has many grammatical errors. Most of the times it says ovary fibrosarcoma which I think should be ovarian fibrosarcoma. Or says” ovarian fibrosarcoma are” (instead of fibrosarcomas) or on pathologic features line 2 (specimens were solid probably should be tumors were solid). The authors need to use
spell check and use correct grammar.

**Answer:** We agree with the reviewer’s suggestions and have now had our manuscript reviewed by a professional scientific editing service.

**Query 2:** 2) The authors use the result of prior publications to include 31 cases. However, the number of cases with immunohistochemical stain results does not match the number of 31 cases. In order to be meaningful results, all stains should be reported and the percent should be on total of the cases, not selective. (0/31 instead of 1/13 and 0/11, …). Also there are cases from “China Journal” is there a reference on this journal in reference part?

**Answer:** We agree with the reviewer’s perspective, however, not all of the cases reviewed had the same immunohistochemical assays performed. We have also now included appropriately formatted references for the 5 cases previously referred to as being obtained from a “China Journal”.

**Query 3:** 3) Number of mitosis and separating one category from the other, needs to be better defined and number of cases for each category needs to be specified rather than some and others.

**Answer:** We appreciate the reviewer’s suggestion and now provide additional details regarding the categories established for comparison as follows: “In all 31 cases, the mitotic value ranged from 1 - 25 mitoses per 10 high powered fields (HPFs) examined. For example, 3/31 (10%) cases had a mitotic count < 4 per 10 HPFs, while for 18/31
(58%) cases the mitotic count was ≥ 4 and < 10 per 10 HPFs, and for 10/31 (32%) cases the mitotic count was ≥ 10 per 10 HPFs.”

**Query 4**: 4) The authors need to specify the criteria to separate the Ki-67 results and the significance of this stain.

**Answer**: We have now included additional specifics regarding the criteria used to evaluate the Ki-67 results as follows: “For a subset of cases, the Ki-67 (MIB-1) proliferation index values were also available, and included values of < 10% for 5 cases, ≥ 10% and < 50% for 9 cases, and ≥ 50% up to 85% for 5 cases.”

**Query 5**: On discussion line 9, the article indicates 6 patients detected by a routine Gynecologic examination, but 19 patients presented at hospital… This is totaled at 25 patients, how about the other 6 patients (total 31)?

**Answer**: We agree with the reviewer’s point, and we have now clarified in our manuscript that for 6/31 patients, the details of presentation were not provided: “For 6/25 (24%) patients, the ovarian fibrosarcomas were detected during a routine gynecological examination. Alternatively, 19/25 (76%) patients presented with abdominal pain, vaginal bleeding, or notable pelvic swelling at a hospital. For 6/31 cases that were reviewed from published case reports, the details of presentation were not provided.”

**Query 6**: 6) On line 21 of the abstract, the results, author’s state that patients who had
primary FIGO stage. What is the primary stage? And how they compare this with advanced FIGO stage. Need to clarify the primary (perhaps early stage) and the advance stage.

**Answer:** Our reference to a “primary stage” tumor was intended to refer to an early stage tumor. Furthermore, primary stage included FIGO stage I tumors, while advanced tumors referred to FIGO stage II, III, IV, or - tumors. This has now been clarified in our revised manuscript.

**Query 7:** On the result portion, they state vimentin staining is most important factor.

Most, if not all of sarcomas are immunoreactive for vimentin. The diagnosis of Fibrosarcoma is based on histologic diagnosis and exclusion of others.

**Answer:** In addition, we agree with the reviewer’s indication that histologic diagnosis and the exclusion of other diseases or conditions are the basis for the diagnosis of fibrosarcomas.

Yours sincerely,

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2010.9.15