Author's response to reviews

Title: Monocarboxylate transporter 4 (MCT4) and CD147 overexpression is associated with poor prognosis in prostate cancer

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Author's response to reviews: see over
Braga, 6 July 2011

Dear Editor,

We are grateful for the opportunity to resubmit our Manuscript entitled “Monocarboxylate transporter 4 (MCT4) and CD147 overexpression is associated with poor prognosis in prostate cancer”, Ms. 1063299366516644.

Our response to the reviewer comments is attached below.

We look forward to hearing from you again soon with your decision.

Yours sincerely,

Fátima Baltazar

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In reply to Reviewer Roman Nawroth:

Discretionary Revisions

1) According to the contradictions on MCT1 staining between this study and the paper published by Hao and colleagues 2010 my previous criticism regarding the use of different antibodies for MCT1 in the different studies and thus probably different sensitivities (not specificity!) was not addressed in the author’s response. The authors do discuss this aspect in the paper but it would be easy to directly compare the different antibodies used. For further validation of these proteins as prognostic markers in prostate cancer a standard would be very useful.

We agree with the reviewer that is fundamental to compare distinct antibodies in order to use a protein immunostaining as a prognostic marker. As stated before, we already tested different antibodies for MCT1, namely from Santa Cruz (ref. sc-14916), Abcam (ref. ab35944), Abnova (ref. H00006566-B01P) and Serotec (ref. 6299-5030), to select the most appropriate one. In our opinion, the suggestion made by the reviewer, is not under the scope of the present manuscript. Based on our and other previous studies, we showed that the antibody used in the present manuscript proved to be the most specific and reliable for IHC reactions. Importantly, the IHC staining shown in the suggested antibody datasheet is not convincing. Since no MCT1 IHC staining picture is presented in the manuscript of Hao et al, it hampers any possibility to evaluate the specificity and sensitivity of the antibody.

2) Labeling of Figure 2 should be more detailed.
Further detail was included in the legend of Figure 2.

Dear Editor:

Please note the changes introduced in the authors’ affiliations (in red).

Statements on the conflict of interest and ethics were also included in the revised manuscript (highlighted in yellow).