Author's response to reviews

Title: Intraoperative radiotherapy electron boost in advanced and recurrent epithelial ovarian carcinoma: a retrospective study

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

Thank you for the feedback on our manuscript, “Intraoperative radiotherapy electron boost in advanced and recurrent epithelial ovarian carcinoma: a retrospective study” (MS: 8040348655164645). We are very grateful for your advice and the reviewers’ careful consideration and insightful comments.

Here are the point-to-point responses to the reviewers’ comments:

Major compulsory revisions

1) Discussion: Lie34: the authors still talk of extremity preservation” which is important for IOERT in extremity sarcomas, but definitely not in their patient group.

Response: The Discussion section was revised accordingly. With the low toxicity associated with IOERT, the quality of life was considered an important endpoint in these patients, which is particularly dependent on strategies providing high local control rates and preservation of unaffected organs, such as bladder, intestines, sigmoid colon, and the pelvic portion of the obturator nerve. The extremity preservation has little relation to our patient group; we apologize for the confusion.

2) Discussion: The authors state that CA-125 levels decline after IOERT and IPCHT, but forget to mention that the tumor was resected and the tumor marker had to decline. In which respect do they consider their data to contradict Krivak et al.?

Response: The CA-125 levels declined after the tumor was resected, and IOERT and IPCHT were performed.

It was reported by Krivak et al. that the CA-125 test can be used to monitor treatment effect among patients; specifically, patients with an abnormal CA-125 pre-treatment level >35U/mL were 2.45 times more likely to have disease progression and 2.78 times more likely to die of disease, as compared to those with a CA-125 <35U/mL. Our regimen, however, exhibited a favorable survival time of patients, despite an abnormal CA-125 level at pre-treatment.

The text was revised to clarify this issue.

3) I was not able to view the mentioned graph and table, was it uploaded?
Response: We apologize for the upload problem. The graph and table have been re-uploaded.

Minor Compulsory revisions:

1) the report should be revised by a native speaker

Response: The report has been edited by a professional scientific editor who is a native English speaker.

2) a picture of the IOERT-field, which explains, why the obturator nerve is not always included in the RT-field and how the radiotherapists can be sure it is excluded would be interesting

Response: We apologize that we do not have access to such a picture at this time. This is a good point, however, and we will be proactive in future studies to obtain this type of documentation.

All changes made in accordance with the reviewers’ comments have been highlighted with red in the revised manuscript. We look forward to your decision and thank you in advance for your time.

Sincerely,

Ying Gao