Author’s response to reviews

Title: Role of emmprin in endometrial cancer

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Author’s response to reviews: see over
Dear BMC Cancer Editor

Thank you for your letter regarding our paper entitled “Role of emmprin in endometrial cancer” (BMC Cancer).

We have revised our manuscript according to the reviewer’s comments.

**Reviewer’s comments #1:**
**Reviewer:** Katsutoshi Oda

**Q1.** The authors examined multivariate analysis and confirmed that emmprin is NOT an independent poor prognostic factor. The result is very reasonable, because emmprin is highly expressed in tumors with advanced and/or aggressive phenotypes. It is important to describe the data in the text, in order to avoid misunderstanding that “Checking emmprin expression alone would be useful to identify poor prognostic patients, independent from the clinicopathological findings.”

A1. Add this manuscript that we examined independent prognostic factor for disease free survival (DFS) and overall survival (OS) of the clinicopathologic factors including stage, histology, lymph node metastasis, deep myometrial invasion, ovarian metastasis and emmprin by multiple analysis. The ovarian metastasis was strongest independent prognostic factor for DFS and OS by multiple analysis (P=0.0245 and P=0.0222). However, emmprin expression was not an independent prognostic factor for DFS and OS.

**Q2.** Treatment protocols have not been provided yet. For example,  
#How many of the patients received para-aortic lymphadenectomy?  
#How many of the patients received adjuvant chemotherapy?  
#What kind of treatments did the stage IV patients receive?

A2. Add these manuscript. All of the patients underwent a total abdominal hysterectomy, bilateral salpingo-oophorectomy and partial omentectomy with or without pelvic and/or para-aortic lymphadenectomy. Pelvic lymph node dissection included the right and left common iliac, external iliac, suprainguinal, internal iliac, obturator, sacral and
Para-aortic lymph node dissection included the nodes located from the bifurcation of the aorta to the level of the renal vein (n=36). Adjuvant chemotherapy was used depending the FIGO stage, grade, patient preference and physician discretion. Our standard chemotherapy consisted of paclitaxel (175 mg/m² infused over 3 h) and carboplatin (dosed for an area under the curve of 5) for 3–6 cycles (n=52). Patients with neoadjuvant chemotherapy were excluded from this study. The stage IVst on endometrial cancer of patients underwent total abdominal hysterectomy, bilateral salpingo-oophorectomy and partial omentectomy with pelvic and para-aortic lymphadenectomy followed by six sets of chemotherapy.

According to the reviewer’s comment, we have rearranged the manuscript to follow the suggested order.

We hope that the revised manuscript will now be acceptable for publication in the BMC Cancer.

Sincerely yours,

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