Author's response to reviews

Title: Neck Control after Definitive Radiochemotherapy without Planned Neck Dissection in Node-Positive Head and Neck Cancers

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Version: 3 Date: 26 January 2012

Author's response to reviews: see over
Dear Editor

We are grateful to the reviewers and to you for your helpful comments, and for giving us the opportunity to respond.

Response to the comments from Editor

The wording of the conclusion (abstract and text) needs revision/rephrasing. Given the retrospective nature of the study and the small number of patients the conclusion drawn by the authors is too far reaching. The results only suggest that under certain conditions ND might not be necessary.

We agree with your comments and addressed these points by editing the conclusion (p3 and p15).

The response to the comments from Dr. Pigorsch

The PET data interpretation seems to be subjective (visual interpretation). But the authors gave some SUV calculated by using tumor-background ratio and tumor-blood pool ratio. The subdivision of the PET results concerning regional control in residual disease (PET), reactive / normal changes (PET) and no PET is hard to understand. In summary there was no difference between these three groups.

The specialists in Nuclear medicine of our institution interpreted the PET/CT images by visual inspection. If focal increased FDG uptake was seen, mSUV was recorded. However, there was no strict cut off mSUV in discriminating between normal/reactive and malignant lymph node. They considered lymph node size and shape, and FDG uptake of other normal tissues. For example, one patients with tonsilar squamous cell carcinoma with ipsilateral level II lymphadenopathy showed hypermetabolic lesion in posterior pharyngeal wall diffusely (mSUV 6.7), ipsilateral level II lymph node (mSUV 3.4), contralateral level II lymph node (mSUV 3.2), but no hypermetabolic lesion in tonsil at 5 weeks after radiotherapy. Despite these relatively high mSUVs, one interpreted it as “inflammatory change, more likely”. Combining MRI results, we decided to observe and the patients is still alive without recurrence in 35 months after radiotherapy.

We could not find any prognostic significance for regional control by the statistical analysis using several arbitrary cut off points of mSUVs regardless of the interpretation by the specialists in Nuclear Medicine (we added this sentence in results section, p11). Also, there was no statically significant difference in 3-year regional control rate when we divided patients by the official interpretation (residual disease versus normal/reactive change).