Author's response to reviews

Title: Factors associated with peritoneal metastasis in non-serosa-invasive gastric cancer: a retrospective study of a prospectively-collected database

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Author's response to reviews: see over
Respond to the reviewer(s)' comments (MS: 3839975926627486 - Factors influencing peritoneal metastasis in non-serosa-invasive gastric cancer: a retrospective study of a prospectively-collected database.)

We appreciate the reviewers’ positive comments and elaborative revision concerning our manuscript. The reviewers were very helpful, and we have revised the manuscript in accordance with their suggestions as indicated below:

Reviewer 1 (olivier glehen)

1. This manuscript was really difficult to read as each paragraph were not not at the good place: conclusion page 12 with "patients and methods" paragraph.

   Reply:
   Many thanks for your good suggestion. In the revised manuscript, “patients and methods” paragraph has been set after “background” paragraph.

2. Abstract should be re-written. IFN should be introduced and defined into methods. Definition of dMP ann SS appears less important.

   Reply:
   Thank you for your constructive suggestion. INF has been introduced and defined into methods, and definition of dMP and SS was deleted in the revised abstract.

3. The technique of cytological examination should be defined (immunochemistry?) as well as peroperative technique of samples.

   Reply:
   Many thanks for your good suggestion. The technique of cytological examination has been added into the revised manuscript in “patients and methods” paragraph in red color.

4. Table 3 and 4 should be incorporated into text and should be deleted.

   Reply:
Many thanks for your constructive suggestion. Table 3 and 4 have been incorporated into the revised text and deleted.

5. **Legends of each acronyms should be given above each table.**

*Reply:*

Many thanks for your suggestion. However, I’m sorry that I don’t understand the exact mean of this sentence. Please tell me in detail if possible.

6. **Authors should comment into discussion the timing of peroperative cytology (after surgical dissection, the rate of positive peritoneal cytology may be higher)**

*Reply:*

Thank you for your good suggestion. This comment has been added into discussion in red color.

7. **Conclusions should underline the role of IFN which constitutes a relatively unknown prognostic factor and that appeared into their work as a major prognostic factor for peritoneal recurrence and for prognosis.**

*Reply:*

Thank you for your good suggestion. In conclusion paragraph, we re-expressed and underlined the role of INF.

8. **The form extensively used "....was set to 1......" into results chapter should be changed.**

*Reply:*

Many thanks for your constructive suggestion. This expression has been changed in the revised manuscript as highlighted in red color.

Reviewer 2 (Gabriel Glockzin)

1. **Discussion, page 11: The paragraph concerning the patients with FCCs and without peritoneal carcinomatosis should be deleted. It is well known that not all patients with FC develop peritoneal carcinomatosis. Moreover, a total number of 16 patients does not allow for substantial statistical**
3. Survival curves: The number of patients with 10-year follow-up should be indicated. Regarding the fact that the study included patients until 11/2006 10-year follow-up is not completed for all included patients with 'complete follow-up'.

Reply:
Many thanks for your constructive suggestion. A total of 70 patients with more than 10-year follow-up included in this study. It has been added in the paragraph of survival analysis.

Reviewer 3 (Michael Dr. Stroehlein)
1. The mechanisms of development of peritoneal carcinomatosis (PC) are presently unclear. A more comprehensive discussion would be necessary.

Reply:
Many thanks for your suggestion. The mechanisms of peritoneal metastasis are very complicated and unclear up to now. In this study, we only want to find out some associated clinicopathological factors with peritoneal metastasis so that to predict the higher risk patients in clinical practice. The definite mechanism of peritoneal metastasis was not taken up in this study. We consider that it is not suitable to discuss comprehensively in this study.

2. The authors conclude, that INF, Borrmann type, and UICC / TNM node stage are important factors influencing PC. However, all these factors are correlated with advanced tumor disease. Therefore, all these factors might be associated with PC, but they do not influence PC. Actually,
the only factor, which was clearly shown to be relevant are free tumor cells.

Reply:

Thank you for your good question. In this study, we only want to find out some associated clinicopathological factors with peritoneal metastasis, and conclude that INF, together with Borrmann type, and UICC / TNM node stage are the most correlated factors. In the topic, “influencing” has been taken the placed of “associated with” in the revised manuscript.

3. The multivariate analysis is misleading. Several times, relevant factors are excluded to get significant results. HR calculation is performed by setting a relative risk of 1 to a low risk group, which seems to be very artificial.

Reply:

Many thanks for your constructive suggestion. This expression has been changed in the revised manuscript as highlighted in red color.

The reviewers’ comments have helped us to strengthen our study. The revised parts are highlighted in red color. We are not sure whether you will be satisfactory about our response or not. Anyway, thank you very much for your comments.

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