Author's response to reviews

Title: Radiographic response to neoadjuvant therapy and its impact on scope of surgery and prognosis in stage IIB/III soft tissue sarcomas

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Author's response to reviews:

Cover letter
Dear Editor,
BMC Cancer

Thank you for the reviewers' comments on our manuscript entitled "Radiographic response to neoadjuvant therapy and its impact on scope of surgery and prognosis in stage IIB/III soft tissue sarcomas" (Manuscript ID 1009370369109351). We appreciate the reviewers and editors for the further suggestions. I would like to make the improvements as following:

Reviewer 1 (Tom Scharschmidt):
Reviewer's report:

Major compulsory revisions:

1) The statement was added: "...all patients had at least one vital structures of the following evolved by tumor on presentation: major vessels, vital nerves and long tubular bones." I assume 'evolved' should in 'involved'. Please define what this means. Were the structures encased by the tumor, or just adjacent to it? Most vital structures can be spared with adequate margins if not encased.

Response: We made the correction and the revision, as shown in the "Patient population" in section "Methods", we defined the involvement to be encased, infiltrated and partially encircled according to the statement in "Indications for Vascular Resection and Reconstruction in Extremity Soft Tissue Sarcoma" in "Chapter 18: Management of Vascular Involvement in Extremity Soft Tissue Sarcoma" of "Treatment of Bone and Soft Tissue Sarcomas. P.-U. Tunn. 2009. Springer-Verlag Berlin Heidelberg"

2) The statement: "Patients with complete response (CR) or PR (decrease in scope of surgery) were assigned to surgical resection without neoadjuvant RT." is misleading because no patient has CR in this study. Please revise.

Response: We deleted the complete response (CR).
3) "On presentation, all 120 patients were evaluated to have amputation as only choice (n=30) or have to undergo vessel replacement (n=79), bony reconstruction (n=11) and epineural resection (n=30)." Please revise and clarify this statement. Obviously some patients had more than one vital structure resected, and it is not clear from this statement.

Response: We revised accordingly: "On presentation, all 120 patients were evaluated to have amputation as only choice (n=30) or have to undergo vessel replacement (n=79) and bony reconstruction (n=11), 30 patients of the 79 were evaluated to be candidates of epineural resection (n=30)."

4) The statement "...besides, in the 79 patients who had vascular evolvement on presentation, all those presented PR (n=13) and 33 of 58 who presented SD (33/58, 56.9%) to neoadjuvant therapies had their vessels spared" is also confusing. Again, what is meant by vascular "involvement". If accurate, a statement here saying that at presentation the surgeon would have recommended resection of the vessel and after treatment it could be spared would be helpful.

Response: We added a statement of "which surgeons would recommend vascular resection" after "...on presentation".

5) "our study is by far the first practical proof supporting the use of neoadjuvant therapy in patients who are candidates of amputation." This statement is too strong.

Response: We revised as following: "our study presented, though retrospective, evidence supporting the use of neoadjuvant therapy in patients who are candidates of amputation."

Minor essential revisions:

1) in discussion: fascilitates misspelled
Response: We revised accordingly, thanks.

Reviewer 2 (J. Harrison Howard)
Reviewer's report:
Major Compulsory Revisions: None

Minor Essential Revisions:

1. Several spelling/grammatical errors: paragraph 1 of Methods "evolved" should be changed to "involved," Methods under "surgery and post operative treatment section 1st paragraph "acknowledged" is misspelled, same paragraph, "mascular" should be changed to "vascular," capitalize "three" in the last sentence of the Complications and Toxicities section of the Results section, "correlated" is misspelled in the last sentence of the first paragraph of the "Response to neoadjuvant therapy correlated with decreased scope..." section of the Results. In the same paragraph "evolvement" should be changed to "involvement." Please spell out the number 9 in the second to last paragraph of the Discussion section. The last sentence of the same paragraph the first word,
"this," should be capitalized and also need the reference inserted. In the second to last sentence of this same paragraph "compare" should be "compared."
Response: Thanks for the reviewer's suggestions, we revised accordingly.

2. The 5th sentence of the first paragraph in the "Response to neoadjuvant therapy correlated with decreased scope of surgery..." section of Results is very confusing and a run on sentence. Specifically, the portion after the semicolon should be made a separate sentence and reworded. The syntax is incorrect for describing the patients that presented with vascular involvement and should be rewritten.
Response: We deleted the semicolon and rewrote the paragraph accordingly.

3. In the same paragraph, the last sentence is editorial, not based on data and should not be in the results section. I would recommend moving to discussion section and giving some supporting evidence of WHY they believed neoadj therapy correlated with R1 resection. I am not aware of any data presented here that supports that conclusion. Alternatively, that portion of the sentence could just be removed.
Response: We removed the sentence and revised the statement accordingly.

4. In the first sentence of the 4th paragraph of the Discussion section "clinically benefit" is not proper syntax. Please revise.
Response: We revised to be "...to have clinical benefit...".

5. In tables 2, 3, and 4 I would recommend moving "5-year" into the the Table Legend so that they read "Univariate and Multivariate analysis of variable factors for 5-year DSS/LRFS/MFS." It is confusing listed between the "factors" and "univariate/multivariate analysis" as currently presented.
Response: We revised in the tables.

Discretionary Revisions

1. In describing the grading system of surgical complications in the second to last paragraph of the Methods section it may be worth adding the number to the mentioned complication similar to the way it was done when describing the Functional Evaluation System: i.e. "...that requires a bedside debridement of wound (1) to death (5)."
Response: We added the statement as mentioned above. Thanks.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the improvements will meet with approval.

Once again, thank you very much for your comments and suggestions.

Sincerely yours,

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