Author's response to reviews

Title: Analysis of the impact of platinum-based combination chemotherapy in small cell cervical carcinoma: a multicenter retrospective study in Chinese patients

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Author's response to reviews: see over
Dear Ms. Cherry Battad,

Thank you for your review of our manuscript (MS: 1536620662112543). We appreciate the concerns and suggestions provided by you, Dr. Gabriella Ferrandina and Dr. Floriana Mascilini. We have revised our manuscript accordingly. Our point-by-point responses are given below. We know that your journal has high publication standards, so in advance of resubmission, we had this manuscript copyedited by a professional English editing service that specializes in scientific papers.

Upon review of our revised manuscript, we hope that you will find it acceptable for publication in *BMC Cancer* and we look forward to your response.

Sincerely yours

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Responses for Dr. Gabriella Ferrandina

In this context, the relevance of the presented manuscript seems acceptable, although several criticisms have to be raised:

**Query 1.** The iconographic material has to be organized in order to make it more clear: for instance, on Page 4: in “Treatment” paragraph, details about management of stage IIA-IV disease patients should be provided.

**Response:** Thank you for this suggestion. We have modified the text as follows: “Patients with stage IIa–IV disease received radical surgery, palliative surgery or no surgery.” We have also updated Table 1 accordingly.

**Query 2.** Table 1 would be better replaced a Table summarizing treatment details according to different stage groups (Ia-Ib2 versus IIA-IVA)

**Response:** We appreciate Dr. Ferrandina’s suggestion. We have amended Table 1 to summarize the treatment details according to FIGO stage (Ia–Ib2 or stage Ila–IV).

**Query 3.** Table 1 shows patients with FIGO stage IIIC disease (were they perhaps stage IIIB?)

**Response:** Thank you for this observation. We have replaced “IIIc” with “IIIB” in the Table (Table 2).

**Query 4.** Why were some stage IIB patients treated with radiation while the so called Stage IIIC patients were triaged to surgery? Treatment approaches show a very large variability.

**Response:** Thank you for bringing this to our attention. In the past, different protocols were used for treating patients with SCCC, especially in developing countries.
Whereas some patients with stage IIb disease received no surgery or chemotherapy due to poverty, others with stage IIIb disease had palliative surgery.

Query 5. Table 2 should also provide data about the pathologic status of pelvic and aortic lymph nodes.

Response: Thank you for this suggestion. We have added the data regarding the status of the lymph nodes (lymphatic metastasis) to Table 3.

Query 6. On Page 4, line 23: Was carboplatin used at the dose of 60-75 mg/m2? It seems very low.

Response: Thank you for this observation. We have replaced “carboplatin” with “cisplatin” in the revised manuscript.

Query 7. Abstract: the last statement of Conclusion is unclear. Please, rephrase.

Response: Thank you for this suggestion. The conclusion in the Abstract has been rephrased as follows: “Platinum-based combination chemotherapy (with EP or TP) can improve the 3-year survival outcomes in patients with SCCC. Therefore, it should be considered an important component in a future standardized treatment strategy for SCCC”.

Query 8. Methods, page 3 line 30: What do the Authors mean for “…clinical pathology…”?

Response: Thank you for this comment. We have altered “with complete clinical pathology” to “detailed clinicopathologic data” in the revised manuscript.
Query 9. Page 4, line 12: “if” should be replaced with “in”.

Response: Thank you for this observation. We have now corrected this error.

Query 10. Page 5, lines 16, 17: this sentence has to be re-phrased.

Response: Thank you for this suggestion. We have rephrased the sentence as follows: “To determine whether platinum-based combination chemotherapy may be beneficial for the prognosis of patients with SCCC, the survival rates in patients who received adjuvant chemotherapy (EP or TP) were compared to those who received alternative adjuvant treatments”.

Query 11. Reference section should include and adequately comment the recent paper by Kuji et al (2013)

Response: Thank you for this suggestion. There have commented on the paper by Kuji et al. (2013) in the revised manuscript. [Reference: 21].

Query 12. A careful revision of typo and grammar errors is required throughout the text.

Response: We agree with this suggestion and have had our revised manuscript reviewed by a professional scientific editing service.

Responses for Dr. Floriana Mascilini

Query 1: In the results, there is no division for the stage of disease in terms of 3-year OS, because in several studies the FIGO stage proved to be an important prognostic factor.

Response: We appreciate the Dr. Mascilini’s suggestion. We have calculated the
3-year OS and DFS rates according to FIGO stage and have incorporated them into the revised manuscript. These results are as follows: The 3-year OS rates were as follows: Ia (100%); Ib1 (62%); Ib2 (53%); IIa (36%); IIb (29%); IIIb (50%); and IV (0%). The 3-year DFS rates were as follows: Ia (100%); Ib1 (57%); Ib2 (48%); IIa (23%); IIb (21%); IIIb (50%); and IV (0%).


**Response:** Thank you for this suggestion. These studies have been discussed and cited in the revised manuscript. [References: 26–29]

**Query 3:** In another study (Wang KL 2012), the authors enrolled 179 patients with squamous cell carcinoma small cell cervical, examining the treatment and clinicopathologic variables in relation to prognosis. Can you comment this multicenter, retrospective study?

**Response:** Thank you for this suggestion. We have discussed the findings of Wang et al. (2012) in respect to our results in the revised manuscript. We have cited the reference accordingly [29].