Author's response to reviews

Title: Outcome after Intensity Modulated Radiotherapy for Anaplastic Thyroid Carcinoma

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Version: 4 Date: 29 November 2013

Author's response to reviews: see over
Dear Editors:

On behalf of my co-authors, I would like to thank you, editors and reviewers, for giving us an opportunity to further revise our manuscript. We appreciate your constructive comments and advice on revising our manuscript entitled “Outcome after Intensity Modulated Radiotherapy for Anaplastic Thyroid Carcinoma” (MS: 1599674616904557).

Those comments are all valuable and very helpful for improving our manuscript. We accept the assistance of a fluent English speaking colleague and have made correction carefully. Revised parts are marked in red. I would like to take the chance to address comments thoroughly. The responses of the reviews are included at the bottom of this letter.

Finally, we sincerely appreciate your reviewing our manuscript and providing constructive suggestions and comments. I am looking forward to hearing from you soon about further suggestions or your final decision.

Sincerely yours,

Yi Wu

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Author's response to Volker Rudat’s reviews

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Author's response to reviews:
Sufficient dose of RT to the tumor can improve local control. Compared to 2D radiotherapy, 3DCRT and IMRT can limit the dose delivered to such organs as the larynx, esophagus and lung without compromising tumor coverage so that the degree of side effect decreased, resulting in improved tolerance of the patients to radiotherapy. Swaak-Kragten AT et al (1) treated their patients with ATC by 2D radiotherapy before 1990, 3DCRT from 1990, and IMRT after 2000. Akaishi J et al (2) reported that 78 patients with ATC received 2D radiotherapy, and 20 of 78 discontinued radiotherapy because of toxicities, including
pharyngoesophageitis, tracheitis, and bleeding into the airway. Many data confirmed that IMRT when used in head neck cancer such as nasopharyngeal carcinoma could get better local control with lower side effects. Since ATC is uncommon, there has no comparison between 3DCRT and IMRT. Considering that our group of patients was small, and follow-up time is not enough, we would not make any final conclusions, but only some implications with regard to the management of ATC.

Thanks for Your insightful comments and suggestions!


Author's response to José M Gómez-Sáez’s reviews

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Author's response to reviews:

Review 1: The abstract do not contain and do not express the combined treatment with surgery and especially with chemotherapy and their influence in the beneficial outcome.
Response 1: Five patients received surgical intervention and eleven patients did have chemotherapy. As the patients were treated by IMRT, surgery and chemotherapy, the outcomes were the combined results of multimodal treatment. Evaluating the efficacy of chemotherapy was even more difficult due to the small number of patients in this series.

Review 2: The authors should include in methods the possibility that the patients would be concurrent or adjuvant treated with surgery and chemotherapy and the guidelines for this treatment.
Response 2: Our methods of treatment: If possible, surgery (R0/R1/biopsy) firstly, then concurrent chemo-radiotherapy therapy + adjuvant chemotherapy.

Review 3: They should explain the higher proportion of men in this series.
Response 3: Some authors reported that the incidence of ATC is higher in women than men. ATC is a rare disease comprising less than 5% of all thyroid carcinomas, and the number of our patients is not enough to determine the ratio of men to women, we will accumulate more data in the future to verify the actual ratio.

Review 4: The authors should add after every author in the text, et al as in line 53, 205, etc.
Response 4: We have acted on your advice.

Those comments are all valuable and helpful, many thanks!