Author's response to reviews

Title: Transarterial infusion chemotherapy with cisplatin plus S-1 for hepatocellular carcinoma treatment: A phase I trial

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Version: 5
Date: 28 January 2014

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

Re: 1254331737111230:
“Transarterial infusion chemotherapy with cisplatin plus S-1 for hepatocellular carcinoma treatment: A phase I trial”

Thank you very much for your letter regarding our manuscript entitled Transarterial infusion chemotherapy with cisplatin plus S-1 for hepatocellular carcinoma treatment: A phase I trial”

As instructed in the decision letter, we addressed the following key issues in our revised manuscript; (1) we carefully rephrase our statements in the methods and discussion section, and (2) we carefully reviewed and corrected some errors in text and tables.

We are now submitting our revised manuscript with our point-by-point reply to the reviewers’ comments found in the letter.

We greatly appreciate your effort in reviewing our manuscript and in processing our revised version. We would also like to thank the reviewers for their valuable help in improving our manuscript.

We sincerely hope that our revised manuscript is now suitable for publication in BMC cancer in its present form.

Sincerely,

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Referee #1:
Major Compulsory Revisions

1. More detail is needed about the specifics of CDDP-TAI infusion in the Methods. Was this delivered to the whole liver or was this or selective approach based on tumor number and location? Did all patients receive CDDP-TAI only once?

Response: In accordance with the reviewer’s comment, we have added the following sentence to the first paragraph on treatment in the Methods section: CDDP-TAI was performed via a lobar or selective approach depending on tumor number and location. Further, we have revised the first sentence of this paragraph to “Patients received CDDP-TAI (infusion on day 1) and S-1 (daily oral administration on days 1–21) every 5 weeks.”

2. The Methods section second sentence under Patient Eligibility is unclear - it seems that patients were eligible only if transplant, TACE or ablation were not options. Most patients in the study had received prior TACE - what were the reasons these patients were not eligible for further TACE treatments - progression of disease? What drugs were used for the prior TACE procedures?

Response: In accordance with the reviewer’s comment, we have revised the sentence in the first paragraph on Patient eligibility in the Methods section from “no indication of liver transplantation, local ablation therapy (percutaneous RFA, PEI, and microwave coagulation), or TACE” to “no indication for liver transplantation, local ablation therapy (percutaneous RFA, PEI, and microwave coagulation), and TACE.” Further, we have added the following sentence to the patient characteristics and treatment section of the Results: “Epirubicin was used for prior TACE.”

Minor Essential Revisions

1. The first sentence in the Methods section under Patient Eligibility does not make sense and needs correction.

Response: In accordance with the reviewer’s comment, we have revised the first sentence in the Patient Eligibility section as follows; “The eligibility criteria for enrollment in this study were as follows” to “We used the following eligibility criteria to screen patients for inclusion”.

Referee #2:
Minor Essential Revisions
This study included patients with child-Pugh B, but no DLT was observed even in patients
with Child-Pugh score 7. Were patients with Child-Pugh 7 to 9 eligible in the eligibility criteria? In abstract, safety and efficacy should be briefly mentioned in the conclusions.

Response: In accordance with the reviewer’s comment, we have added the following sentence to the third paragraph of the Discussion section: As a limitation, although this study included 2 patients with a Child-Pugh score of 7 at level 3, no patients with a Child-Pugh score of 8–9 were included. This is because the present trial was a phase I study, and therefore, only 12 patients were included, who tended to have a good score. We will plan a phase II study with a larger number of patients with HCC to evaluate the efficacy and toxicity.