Author's response to reviews

Title: Apoptosis inhibitor-5 overexpression is associated with tumor progression and poor prognosis in patients with cervical cancer

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Author's response to reviews: see over
Dear Editor,

Thank you for your efforts with our manuscript, entitled "Apoptosis inhibitor-5 overexpression is associated with tumor progression and poor prognosis in patients with cervical cancer" (Manuscript ID: 1063127652123972). We appreciate editor’s comment on improving the manuscript. Our specific response to the editor’s comment are attached.

Please feel free to contact us with any questions.

Truly,

/s/

Stephen M. Hewitt, M.D., Ph.D.
Chief, Tissue Array Research Program,
LP, CCR, NCI, NIH
We have provided a point-by-point description of the changes below and we highlighted them as red in the revised version of the manuscript.

**Response to Editor**

“Please could you clarify in the methods section of your manuscript whether you obtained tumor tissues prospectively or retrospectively for the purposes of your study.”

We have revised the Material & Method section as follows:

**[On page 5-6, Material & method, Line 99-122]**

**Patients and tumor samples**

In this study, 173 cervical cancer and 306 cervical intraepithelial neoplasia (CIN) cases were prospectively collected from patients who enrolled in Gangnam Severance Hospital, Yonsei University College of Medicine from March 1996 to March 2010, and received primary surgery during that time. All tumor tissues were histologically reviewed and only specimens with sufficient presence of tumor cells were included for tissue microarray (TMA) construction. Cervical cancer patients were clinically staged according to the International Federation of Gynecology and Obstetrics (FIGO) staging system. The treatment of cervical cancer consisted of radical hysterectomy with pelvic lymph node dissection via laparotomy for FIGO stage I/II. Adjuvant radiotherapy or platinum-based concurrent chemo-radiation was performed in cases with increased risk of recurrent disease, such as positive resection margins, positive lymph nodes, or parametrical involvement. Chemo-radiation therapy consisted of 40 mg/m² cisplatin i.v. once a week for 6 weeks concomitantly with external pelvic and intracavitary radiation. For FIGO stage III/IV cervical cancer primary chemo-radiation therapy was generally recommended. Clinicopathologic factors including age, Hybrid Capture® 2 (HC2) result, surgical procedure, chemo-radiation response, survival time, and survival status were obtained by reviewing medical records and pathology reports. Response to therapy was assessed according to Response Evaluation Criteria in Solid Tumors (RECIST; version 1.0), either by computed tomography or magnetic resonance imaging [17]. Chemo-radiation response was determined by locoregional recurrence with a follow-up time of at least 2 years. Tissue samples were collected from patients who had signed informed consent forms, which was approved by the Institutional Review Boards of Gangnam Severance Hospital. This study was additionally approved by the Office of Human Subjects Research at the National Institute of Health.