Author's response to reviews

Title: Anti-hormonal Therapy in the Treatment of Ductal Carcinoma of the Parotid Gland

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Case report

Anti-hormonal Therapy in the Treatment of Ductal Carcinoma of the Parotid Gland
Saul Campos-Gomez, Jose H Flores-Arredondo, Rita Dorantes-Heredia, Mónica Chapa-Ibargüengoitia and Roberto De la Peña-Lopez

Thank you for your review of our manuscript. We have read your comments. Below, I would like to outline changes made:

Reviewer 1: Peter Dziegielewski

Abstract:
1) The case presentation is somewhat confusing. The description of the initial presentation does not mention the parotid lesions. This should be revised to make it clear that the patient presented with scalp and parotid lesions.

On abstract section and case presentation we clarified the presence of parotid lesions and metastatic scalp lesions since initial presentation.

Background:
1) The last 1-2 sentences of the background should state the aim / goals of the paper.
Done. We stated the aim of the report in the last sentence of background.
2) The majority of papers cited in the background are 10+ years old. There is a slowly growing body of literature on salivary duct carcinoma, gene expression and targeted therapy. There are several papers from 2010-2014 that should be included.

We reviewed and added more recent reports of genetic profiling and target therapy on salivary ductal carcinoma

Case Presentation:
1) You state that the patient refused surgical treatment, but then later she underwent surgery. This should be clarified.
Done
2) Was there any imaging done post-treatment? If so, it may be worthwhile to include a pre- and post-treatment scans in the figure.
A pre, post treatment and postsurgical TC image are included on figure 1

Conclusion:
1) The idea of using targeted therapy for salivary ductal carcinoma via hormone receptor blockers is not novel. However, the use of Tamoxifen is. This paper is important in that it highlights an additional therapy for this rare disease.
Done

2) Given that salivary ductal carcinoma is rare and that treatment options are limited, a review of treatment options including hormone receptor blockers such as trastuzumab, anastrazole etc. would be useful to include on the discussion. There are several newer papers from 2013 and 2014 that would be useful to include. There are some recent basic science papers as well that suggest targeting ER in select patients could be useful. Including this evidence would strengthen the paper.

We reviewed and added more recent reports of genetic profiling and target therapy on salivary ductal carcinoma
Reviewer 2: Shigenori Kadowaki

#1 There are quite some odd wordings and use of grammar. The manuscript would be improved by a thorough English language review before acceptance for publication.

Done. A native English speaker has revised and edited the text.

#2 The following images should be presented: computed tomography images that show evident tumor reduction or stable disease after treatment with tamoxifen and anastrozole; pathological image of estrogen receptor immunostaining before treatment with tamoxifen.

A pre , post treatment and postsurgical TC images were included on figure 1. Haematoxylin-eosin staining, Her2, Estrogen and Progestorone receptor immunostains are described on case presentation and images included on figure 2.

#3 The methodology to detect immunoreactivity for sex hormone receptors (antibodies, etc) should be presented.

Done. Haematoxylin-eosin staining, Her2, Estrogen and Progestorone receptor immunostains and methodology are described on case presentation and images included on figure 2.

#4 The references regarding sex hormone receptor overexpression in salivary duct carcinomas should be presented and discussed in the manuscript.

Done.

Again, thank you for your interest in our work. We hope to hear from the reviewers soon. Please do not hesitate to contact us with any questions you may have.

Best Regards,

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