Author's response to reviews

Title: Microheterogeneity of transthyretin in serum and ascitic fluid of ovarian cancer patients.

Authors:

Beate Gericke (steinhag@rz.uni-potsdam.de)
Jens Raila (jraila@rz.uni-potsdam.de)
Jalid Sehouli (sehouli@charite.de)
Sophie Haebel (haebel@rz.uni-potsdam.de)
Dominique Konsgen (dkonsgen@aol.com)
Alexander Mustea (mustealex@aol.com)
Florian J Schweigert (fjschweigert@rz.uni-potsdam.de)

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Dear BioMed Central Editorial Team,

I would like to thank you to inform me about the decision with regard to the manuscript. The above indicated manuscript was submitted for publication in BMC Cancer and has now been revised by the authors in accordance to the comments of the reviewer. We did integrated the comments and suggestions and responded on the reviewer forms in detail. We thank the reviewer for the critical and helpful comments because we think the comments greatly improved the presentation of the manuscript. Please find enclosed the accordingly revised version of the manuscript.

Yours sincerely,

Beate Gericke.

Point-by-point response:

Major Compulsory Revisions

1. How was the control group selected?

We selected a group of 20 postmenopausal women (average age 58 +/- 1.0; mean +/- SD) since they were most similar to the subjects. Exclusion criteria for controls were age < 45 y, body mass index > 32 kg/m², less than 1 year since last menstruation, blood donation during the previous 4 months, frequent weight reducing diets, regular physical activity of more than 1 h per week, use of vitamin or mineral supplements, smoking, anemia (hemoglobin < 120 g/L), elevated triglycerides (> 3.0 mmol/L) or total cholesterol (> 8 mmol/L), abnormal kidney or liver function, untreated hypertension (> 160/90 mmHg), personal history of diabetes, stroke, CVD, rheumatoid arthritis, psoriasis, chronic gastrointestinal diseases, treatment with antibiotics or vaccination during the last 3 months. The postmenopausal status was proved by the assessment of LH and FSH.

2. page 8, line 9: Which criteria have been used to select these 20 patients out of the total of 48? No ascitic fluid was available from FIGO stage I and II patients. Thus the measurement in table 2 are based on 20
samples instead of 48.

I changed the heading of the table accordingly to the reviewer comment, so that it is now clear, that the immunoprecipitation and the analysis of microheterogeneity was made by 20 randomized patients. Additionally I supplemented in the method part the allocation of FIGO stages in this subgroup, which shows that the FIGO stage distribution of subpatients was comparable to the whole group. For the early FIGO stages we used exclusive the stages Ic and IIc, which are characterized by the presence of ascitic fluid.

3. Immunostaining of the tumor tissue: Have no positive controls been used for each staining process?

TTR immunoreactivity was on the one hand tested previously in human liver sections and revealed cytoplasmatic staining within hepatocytes and on the other hand, of course, a positive control (liver) was included in each individual staining process. I supplemented this explanation for a better understanding, because it was not clear before.

4. Add p-values to table 1 and 2.

I provided the tables with appropriate notes.

Minor Essential Revisions

1. Abbreviations

I checked, that all abbreviations are explained in brackets and now the list of abbreviations is complete.

2. Abstract, result section: "In ascitic fluid, levels were..." The p-value should be given for this comparison between patients and healthy women.

I cannot compare the levels of TTR or RBP between patients and healthy women in relation to ascitic fluid, because there is no ascitic fluid for healthy women. This is the reason why I don't give a p-value.

3. page 4, line 1: "formerly" instead of "formally"?

Yes. I changed the orthography.

4. page 5, line 6: "also have"

I changed the orthography.

5. page 7, line 5: "lymphadenectomy"

I changed the orthography.

6. page 7, line 8: "suffering from primery..."

I changed the orthography.

7. page 13, line 8: "use" or "validity" instead of "usability"

I changed the orthography.

8. page 14, line 18: "inverse correlation" or "inverse relationship"

I changed the orthography.

9. page 15, line 23: "smaller immunoreactive form of TTR"

I changed the orthography.