Author's response to reviews

Title: Age and manifestation related symptoms in familial adenomatous polyposis (FAP)

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Author's response to reviews: see over
Manuscript: **First symptoms in familial adenomatous polyposis**

Corresponding author: Dr. Roland S. Croner

Comments to reviewer 1: Paul Rozen

Thank you for the review of our manuscript. As suggested the following points were changed:

1. As suggested the text was reviewed by a native English speaker
2. The list of references was checked. We think most references are necessary to approve our statements.
3. Repetitions within the text were deleted
4. The manuscript was shortened
5. Tables which included “a” and “nd” were deleted
6. The presentation of data was simplified, figures were added

The manuscript underwent revision as suggested. The prior aim of our study was to support clinicians in their daily work to be aware of suspicious symptoms for FAP. Some of our described symptoms are presented multiple during the daily work routine but they should never treated as trivial findings.
Manuscript: **First symptoms in familial adenomatous polyposis**

Corresponding author: Dr. Roland S. Croner

Comments to reviewer 2: Waltraud Friedl

Thank you for the review of our manuscript. As suggested the following points were changed:

1. The many data were presented more clearly, figures were added.
2. The proportion of patients diagnosed on symptoms decreased not during the last years.
3. In most cases patients could give no information about their family history of cancer related diseases. 18% of our patients were able to give some information about their family history. We revised the manuscript concerning this matter.
4. The diagnosis of FAP was verified in 43% (9/21) of patients <20 years, 28% (21/76) of patients between 20-40 years and 26% (12/46) of patients >40 years of age by molecular diagnostics. Only 3 of 143 patients presented in our department with the molecular diagnosis of FAP prior to characteristic symptoms.
5. We think that the molecular verification of the mutation is indispensable to check the descendants of identified patients. The diagnosis of FAP would be possible prior to the development of symptoms and they could be included in preventive medical checkups.
6. Cancer related symptoms are already presented in table 3. Related symptoms to other GI manifestations are presented in table 4
7. These patients underwent checkups prior to symptoms after requests of affected parents.
8. Usually the clinical procedure in patients presenting with occult bleeding is the initial rectoscopy. In the most cases younger patients suffer from symptomatic haemorrhoids. If the treatment of haemorrhoids will not stop the bleeding colonoscopy is recommended. In elderly patients the indication to colonoscopy is indicated more liberal than in younger patients. It is true that both groups should undergo initial rectoscopy and if no reason for bleeding could be detected colonoscopy should be performed. The manuscript was revised concerning that point.
9. The manuscript was discussed with the Department of Human Genetics. Additional data were included concerning the molecular verification of patients with FAP.
10. As suggested the text was reviewed by a native English speaker.

The manuscript underwent revision as suggested. The prior aim of our study was to support clinicians in their daily work to be aware of suspicious symptoms for FAP. Some of our described symptoms are presented multiple during the daily work routine but they should never treated as trivial findings.