Author's response to reviews

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

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Comments to reviewer Paul Rozen:

1. The text was revised again by a native English speaker
2. Page 6: table 3 and 4 were replaced by table 2 and 3. One additional table was inserted concerning molecular findings (table 1).
3. Several references were deleted.

Comments to reviewer: Waltraud Friedl

1. Page 2: the complete text was reviewed by a native speaker
2. Page 4: the complete text was reviewed by a native speaker

Question 1: The diagnosis of FAP was established clinically if more than 100 polyps were detected endoscopically in the colorectum. This means in the colon and rectum. If only 10 polyps were present in the rectum the remaining amount of polyps was detected in further colon parts.

Question 2: We documented only the names of the patients. In the six cases with unknown gender a conclusion regarding the sex from the name was not possible. These patients were excluded from further evaluation.

Question 3: The 157 (143) patients are unrelated.

3. Page 5, paragr. 2: We apologize for this confusion. It is correct that in 29 patients as mentioned in the text a previously unknown family history of FAP became obvious during clinical diagnostics. These 29 patients are related to each other.

4. Page 6: table 3 and 4 were replaced by table 2 and 3. One additional table was inserted concerning molecular findings (table 1).

5. An additional table was inserted where the mutations in the APC gene exons of patients which underwent molecular diagnostics were listed (table 1). A special section was inserted in the chapter "results".

6. Page 6, paragr. 2: The sentence was removed

7. As mentioned in the text: In 17% (25/143) cases colon carcinomas and in 12% (17/143) times rectal carcinomas could be detected. This was at the time of primary diagnosis. There was no asymptomatic patient with cancer.

8. As suggested information about presence or absence of desmoid tumors and gastric gland polyps, polyps of the duodenum and small intestine were evaluated. The calculation regarding the subgroups of age were adapted (page 7, 8).
9. In the bottom of the paragraph non-specific symptoms the values of patients which did not suffer from non-specific symptoms are already mentioned. The percentages regarding the single non-specific symptoms were adapted.

10. It is true that some patients with colonic polyps also suffered from polyps in the upper gastrointestinal tract. For this reason the source for bleeding or diarrhea remains in some cases unclear. Nevertheless all gastrointestinal findings have to be documented even if clinical diagnostics might be aggravated. That's one of the problems during clinical routine practise. Most things can not be devided in only `black` or `white`.

11. 2% of our patients were detected by by molecular diagnostics prior to symptoms. To avoid confusion this statement was deleted in the chapter `Discussion`.

12. The suggested paragraph was inserted