Author's response to reviews

Title: Correlation between CD105 expression and postoperative recurrence and metastasis of hepatocellular carcinoma

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Author’s response to reviews:

Dear DALES:

Thank you for your kindly comments to our manuscript. We have corrected some mistakes that you pointed out in your report as follow:

Major compulsory revisions:

Replace the conclusion by "The anti-CD105 mAb is an ideal instrument to quantify new microvessels in HCC as compared with anti-CD34 mAb. CD105-MVD as compared with CD34-MVD is relevant a significant and independent prognostic indicator for recurrence and metastasis in HCC patients".

Minor essential revisions:

The source of 3 antibodies is: mAb to CD105(clone SN6h, NEOMARKERS), mAb to CD34(clone QBEnd/10, NEOMARKERS), or mAb to VEGF(clone JH121, NEOMARKERS)

VEGF staining quantification: The immunohistochemical results for VEGF are classified as follows: -, no staining; +, weak staining; ++, strong staining.

MVD evaluation: The immunostained sections are scanned at low magnification (x40), and three tumor area with the highest density of distinctly highlighted microvessels ("hot spot") within each section were selected for quantitation of angiogenesis. All brown-stained endothelial cell or endothelial cell cluster, which was clearly separate from connective tissue elements, was considered a microvessel. Counting was performed at a high magnification(200). The mean counts for each specimen were recorded as the CD34-MVD or the CD105-MVD.

Replace epithelial by endothelial in page 4 lines 19, 21.

Replace antibodies by antigens in page 6 line 10.

Replace epithelial by endothelial in page 10 line 19.

Give net p values in figures showing survival curves.

Correct the Chinese legend on right side in Figure 4.

Replace CD34-MVD by CD105-MVD in Table 2 Analysis B.

Exp(B) means OR.

We are sorry that we could not revised some recommends in your report:

We could not find out whether HCC is metastaic or recurrent timely because some patients did not go to see the doctor until jaundice, ascites, or edema happen.

We think the grading system used for classification of HCC is not so important as MVD evaluation and...
VEGF staining quantification in the Methods

We could not include tumor size and microsatellite nodules in tables 1 and 2 because most of the HCC selected in our research are large HCC (diameter >5cm) and it is difficult for us to find out if there are microsatellite nodules in liver.

In the end, we thank for your carefully reviewing this manuscript again.

Best wishes,

Sincerely yours
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Dear Kumar:

Thank you for your kindly comments to our manuscript. We have corrected all mistakes that you pointed out in your report as follow:

Replace CD34-MVD by CD105-MVD in table 2 analysis B at the bottom
Replace epithelial by endothelial in page 4 lines 19, 21
Replace CD150 by CD105 in page 12, line 13
Correct the amend quotation of references in page 12, paragraph 2 line 5 and line 10
Correct the legend on right side
We defined "paracarcinomatous tissue" as tissue which was taken from non-cancerous tissue 1cm away from the tumor margin
The source of 3 antibodies is: mAb to CD105 (clone SN6h, NEOMARKERS), mAb to CD34 (clone QBEnd/10, NEOMARKERS), or mAb to VEGF (clone JH121, NEOMARKERS)

We thank for your carefully reviewing our manuscript again.

Best wishes,

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