Author's response to reviews

Title: Prognostic factors associated with the survival of oral and pharynx carcinoma in Taiwan

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Author's response to reviews: see over
Dear editor,

Thank you and reviewer for concerning about our work. The comments you provided were very useful to us. Our revised manuscript "Prognostic factors associated with the survival of oral and pharynx carcinoma in Taiwan" (MS #1445697861120858) have been resubmitted to "BMC Cancer". In our manuscript, we emphasized the limitation of this study and clearly indicated that any conclusion should be interpreted with caution. The present version has been carefully revised in accord with the suggestions of the reviewer and editor.

Our revised manuscript provides a cover letter giving a point-by-point response to the concerns. Revision of the text for reviewer’s comments was in yellow highlight. We believe the present manuscript has been greatly improved. We look forward to hearing from you on the final decision regarding publication of our manuscript.

Sincerely,

Ying-Chin Ko, M.D., Ph.D.
According to editor’s report, we have checked and made changes in the **Highlight manuscript** as follows:

Please ensure that your revised paper incorporated the following changes:

1. **Methods** - Please document under the Methods section the details of the institutional review board that granted ethical approval for the study.

   **Response:** (Page 8, line 7-14)
   We announced as follow:
   
   This study was approved and reviewed by Taiwan Carcinoma Registry, Department of Health, Executive Yuan, Taiwan. The large-scale database was based on routine cancer registry data, which are collected by registry center for the intention of recording cancer. Hence, no ethical approval was required. Before connecting and analyzing of databases were initiated, a confidential memorandum of agreement was signed by all researchers involved in this study. These resulting data were confidential and analysis process safeguarded subjects’ privacy at the highest degree. Entire names and any information of identification were deleted from this database and replaced with arbitrary numbers in the analysis procedure.

2. **Competing interests** - Please include a ?Competing interests? Section between the Conclusions and Authors? contributions. If there are none to declare, please write ?The authors declare that they have no competing interests?.

   **Response:** (Page 22, line 16-17)
   We announced as follow:
   **Competing interests**
   The authors declare that they have no competing interests.

3. **Authors' contributions** –

   **Response:** (Page 22, line 19-20; page 23, line 1-4)
   We announced as follow:
   **Authors’ Contributions**
   PH and TY carried out the study, participated in the sequence alignment and drafted the manuscript. PS, and CC carried out the data compilation and drafted the manuscript. YH, and YC participated in the design of the study and performed the statistical analysis. PC and SL participated in the sequence alignment. YC conceived of the study, and participated in its design and coordination. All authors read and approved the final manuscript.
According to reviewer’s report, we have checked and made changes in the Highlight manuscript as follows:

Reviewer’s report
Title: Prognostic factors associated with the survival of oral and pharynx carcinoma in Taiwan

Version: 6 Date: 27 March 2007
Reviewer: Victor Moreno

Reviewer's report:

General
The authors have answered the points the best they can. However, I still think this paper uses data of very poor quality because it is hospital based, the main variable, ethnicity, is based on a proxy - residence, and the most important prognostic factor, tumor stage, is unknown. This is a descriptive paper and all explanations proposed for the differences found are speculative.

Response: (Page 21, line 5-20; Page 22, line 1-7)

Thank you for your suggestion. Although some limitations of our study, we believe our results will be useful to researchers investigating the long-term survival trends for subjects diagnosed with oral and pharynx cancer. We pointed out the limitations of this study as follow:

Study limitations

Although the TCR data are the best source for long-term trends of survival in Taiwan cancer epidemiology, it still has several limitations for our study. Clinical carcinoma stage was unavailable from all three ethnic groups examined in this large-scale study. Only the surrogate treatment can be considered as a clinical reference that is closely correlated with staging. In a recently published report, data suggested an earlier clinical staging of cancer was eligible for surgical resection alone or surgical reception + RT/CT. Without therapy or treated with CT alone, RT, ST alone may indicate they were diagnosed in advanced stages of the disease [37]. However, the improvement in therapy may be due to differences in carcinoma stages, rather than differences in effectiveness of therapy methods.

Another limitation was no item of ethnicity or race on the TCR system in Taiwan. Despite the absence of a clear definition of ethnicity from TCR, previous studies suggested that we could use residential areas as the proxy. For example, Lu et al. compared the difference between individual ethnicity identification and residential communities as the proxy; the data presented a similar mortality pattern of aborigines in Taitung County [38]. Likewise, according to their ethnic origins and found a very similar
pattern when compared to the mortality pattern of Taiwanese residential communities, which are classified according to residential data in Ko’s study [7]. In our latest published study, we compared the ethnic differences (Aborigines, Hakka, and Hokkien) in incidence and mortality of oropharyngeal cancer in Taiwan according to their residential areas [9]. Hence, in this study, the possible misclassification of our ethnic groups should not be a serious problem. Despite the foregoing limitations, we believe our results represent the most comprehensive profile of the long-term prognosis of oral and pharynx cancer in Taiwan.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

What next?: Reject because too small an advance to publish

Level of interest: An article of insufficient interest to warrant publication in a scientific/medical journal

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests