Author's response to reviews

Title: Radiotherapeutic alternatives for previously irradiated recurrent gliomas.

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Author's response to reviews:

Dear Editor

We are submitting today our revised version of the manuscript

Radiotherapeutic alternatives for previously irradiated recurrent gliomas
to BMC Cancer.

We have followed the comments and suggestions of Reviewer 1 diligently and have revised the manuscript accordingly. A point to point response is attached.

We hope the manuscript now meets the standard for BMC Cancer and are looking forward to a positive response.

Sincerely,

Stephanie E. Combs

For all co-Authors

General Comments:

- We included the requested information on alternative treatments, such as surgery or different chemotherapeutic regimens.

- We included the necrosis/reoperation rates in the tables.

- We included a paragraph of the risk calculation strategies for radiosurgery and fractionated treatments and made clear, that both size of the lesion as well as applied dose contribute to the risk of sever treatment related side-effects. Several factors should be taken into account when chosing a RT modality for re-irradiation, and the choice has to be made individually for each patient. We tried to clarify this in the text.
- We included this information and focused on location of the lesion in the section on surgery for tumor progression, was well as towards the end of the manuscript.

Specific Comments:
- "Percutaneous" was replaced by "external beam".

Stereotactic Radiosurgery
- The aspect of the higher median dose in the Hall study was included.
- Minnesota was corrected.
- We tried to define "safe" and "smaller" by adding the abovementioned paragraph on the risk calculations for different fractionation schemes.

The side effects of H-FSRT were included in the tables.

Gliasite: We commented on resection status as requested by the reviewer.

Tables:
- Complication rates were included.
- Median single dose was replaced by fraction size.
- The article of Hudes et al. is on H-FSRT and is included in this table.