Author’s response to reviews

Title: Intensity Modulated Radiotherapy (IMRT) and Fractionated Stereotactic Radiotherapy (FSRT) for Children with Head-and-Neck-Rhabdomyosarcoma

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Dear Editor,

We are submitting to you today an original article entitled "Intensity Modulated Radiotherapy (IMRT) and Fractionated Stereotactic Radiotherapy (FSRT) for Children with Head-and-Neck- Rhabdomyosarcoma". Rhabdomyosarcoma (RMS) is the most common soft tissue sarcoma entity in children, occurring during the first two decades of life, especially in very young children. The most common site of RMS in children is the head-and-neck region. In a large number of these children the tumor cannot be resected completely. Therefore, modern therapy protocols include extensive chemotherapy and radiotherapy. In head-and-neck sites, it is difficult to apply high doses of radiotherapy using conventional techniques without treating large volumes of healthy tissue including sensitive organs at risk such as the optic nerves, chiasm, brain stem, spinal cord and cranial nerves, as well as the eyes. With modern radiotherapy techniques such as intensity modulated radiotherapy (IMRT) and fractionated stereotactic radiotherapy (FSRT) the treatment of complex shaped target volumes in close vicinity is possible. Therefore, high local control rates can be achieved while treatment-related side effects can be minimized. In the present article we report on our results of FSRT and IMRT in children with head-and-neck RMS with special regard to treatment related toxicity. The results show that FSRT and IMRT are safe and effective in children with RMS of the head and neck region, and that treatment induced side effects are very low. Therefore, we consider these results extremely important for the future treatment of children with RMS and hope the manuscript meets the standard you are setting for BMC Cancer.

Sincerely,

Dr. Stephanie E. Combs