Dear Editor,

enclosed please find a second version of our article “Intraarterial carboplatin induction chemotherapy …..”, deeply reviewed in all its parts (title, introduction, presentation of the results and discussion), mainly according to the major compulsory revisions requested by the reviewer CR Leemans and KT Robbins (the point-by-point response is included below).
We hope that all the points have been clarified and adequately analysed and that the manuscript is now suitable for publication.

Yours sincerely
Response to KT Robbins
In our study there isn’t a group who received RT only. In the results it is clearly described that all the 46 patients received IA chemotherapy and, after that, all the CR and PR patients (36 patients) were then submitted to radiotherapy. Of these 26 responded and 10 didn’t. We could not answer to this question.
Concerning the advantages of IA chemotherapy, at page 9 they were presented.

Response to CR Leemans
A previous Phase I study was performed in 1996 and we added our reference about it.

In the section “Response rate” it seems to be clearly described that surgery was considered in most of the non responders to chemotherapy and partial responders to chemotherapy and subsequent radiotherapy. At pag 8 of the “discussion” we clarified that surgery, even if useful in the treatment of the patients, doesn’t help in the long term survival. The most important factor in determining overall survival remains response to induction chemotherapy.

We reported another paper of Robbins in which the authors underline that the RADPLAT protocol is reproducible technique and gives the same results even in a multi-institutional setting.

On page 9 of the “discussion” we explained better the advantages of IA chemotherapy in respect to the IV regimen.

About selection of the patients we better clarified the reason why we enclosed T2 patients. No T1 patients were included.

We changed the title according to the reviewer’s request.

About the references cited in the “Background”, we simply reported the results published by other authors.