Author’s response to reviews

Title: Gastrointestinal Stromal Tumour of the Duodenum in Childhood: A Rare Case Report

Authors:

Massimo Chiarugi (m.chiarugi@dc.med.unipi.it)
Christian Galatioto (c.galatioto@mail.ao-pisa.toscana.it)
Piero Lippolis (p.lippolis@mail.ao-pisa.toscana.it)
Giuseppe Zocco (g.zocco@dc.med.unipi.it)
Massimo Seccia (m.seccia@dc.med.unipi.it)

Version: 4 Date: 30 January 2007

Author’s response to reviews:

January 28, 2006

The Biomed Central Editorial Team (BMC Cancer)

Object: MS: 1705727549103876 "Gastrointestinal Stromal Tumour of the Duodenum in Childhood: A Rare Case Report". Dr. Massimo Chiarugi et al.

Thank you for consideration of our manuscript for publication in your journal.

We have re-reviewed the above manuscript according to your reviewers’ comments.

Reviewer n. 1 (Dr. Markku Miettinen)

No major compulsory/minor essential revision requested.
General Report:...I would encourage the authors to add a statement how mutational analysis was performed. It does not need to be re-reviewed by me.

Statement about mutational analysis has been inserted on page nr. 2 (case presentation)

Reviewer n. 2 (Dr. Annette Duensing)

MAJOR COMPULSORY REVISIONS

1. The additional text on p.3 may lead some misconception in its current form. Most adult GISTs (80-90%) are caused by mutations in the KIT or PDGFRA receptor tyrosine kinase genes. This make them amenable to therapy with imatinib...therefore these patients have a better prognosis. On the other hand most pediatric GISTs do not harbour KIT/PDGFRA mutations and they do not respond well to therapy....Nevertheless, pediatric GISTs generally do have a more benign course.... The authors should clarify this aspect.

The deceptive text has been removed.
Some sentences discussing about the different KIT/PDGFRA patterns in adult and pediatric GISTs, their
correlation to therapy response and prognosis (as suggested by the Reviewer) have been inserted (page 3). Moreover statements about rates of complete surgical resection of adult and pediatric GISTs and frequency of recurrence have been added. Accordingly, references n.23,24,25 have been changed and reference n.27 has been added.

MINOR ESSENTIAL REVISIONS

1. The abbreviations used in the text should be introduced when first mentioned (e.g., US, TC...)
- Done

Again, I wish to thank very much the reviewers for their comments.

Sincerely yours,

Massimo Chiarugi

Massimo Chiarugi, MD, FACS
Department of Surgery, University of Pisa
67, via Roma
56100 PISA - Italia
m.chiarugi@dc.med.unipi.it