Author's response to reviews

Title: Role of CD133 antigen expression in ovarian cancer patients

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Dr. Melissa Norton, M.D.
EDITOR IN CHIEF
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Dear Dr. Norton,

Please find enclosed the electronic version of the manuscript “Prognostic role of CD133 antigen expression in ovarian cancer patients” by Ferrandina G. et al., which was revised according to the Referee’s suggestions. We hope it is now suitable for publication in BMC Cancer.

Yours sincerely,

Gabriella Ferrandina, MD

Reply to Referee 1

1. We agree with the Referee that the fraction of patients who could not be successfully cytoreduced at first surgery could appear high, although it is in the range of those reported in the literature from recent survey (Wakabayashi MT, J Natl Compr Cancer Netw, 2008; 6(8): 803-810). As suggested by the Referee,
we performed the analysis of the clinical outcome after subgrouping patients according to the extent of residual disease, and this data are presented in the revised version of the manuscript (page 9, lines 4-7).

According to the Referee’s suggestion, we better clarified in the text (page 5, lines 10-13) that all patients were treated at the Catholic University of Campobasso-Rome by only two operating teams which share the same standard surgical approaches, and were able to obtain the same results in terms of percentage of optimal cytoreduction at primary surgery.

2. As suggested by the Referee, we better detailed in the text that assessment of response was performed according to WHO criteria (1979), which actually have been shown not to differ substantially compared to RECIST criteria (Park JO et al, 2003). For the purposes of our analysis, complete and partial response were grouped together and classified as “response to treatment”, while cases with stabilization of disease or progression were considered as “no response to treatment” (page 5, lines 25,26 and page 6, lines 1,2).

3. According to the Referee’s suggestion, we better detailed in the text that WHO criteria were used also to define the response to treatment in patients considered unresectable at primary laparotomy and triaged to neo-adjuvant chemotherapy (page 5, lines 25,26).

4. As suggested by the Referee, we performed further analysis on the clinical outcome of patients after combining patients whose tumors showed no staining with those who had apical staining. Results are presented on page 9, lines 10-13 of the revised manuscript.

5. As suggested by the Referee, we specified in the text (page 6, lines 11,12) that the AC133 antibody has been previously used to identify cells with stemness features in other human malignancies (see also Reference 30 of the revised manuscript).

Reply to Referee 2

We acknowledge, as underlined by the Referee that our work reported negative results; however, this data can be of value for investigators with closely related research interests.

Moreover, our findings represent one of the first evidences that subcellular localization of CD133 warrants further investigation in human cancer.