Author's response to reviews

Title: Lynch Syndrome from a surgeon perspective: retrospective study of clinical impact of mismatch repair protein expression analysis in colorectal cancer patients less than 50 years old

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Author's response to reviews: see over
Many thanks in advance for Your attention. We are ready to reconsider any particular section in the light of your remarks; please do not
an academic center before surgery, a practice that significantly prolongs preoperative time, and
undergo the best and correct global patient care with the need for referring the patient to
suspicion for Lynch Syndrome, pathological confirmation by immunohistochemical analysis for
We thank Prof. Craig C Lynch for quoting our paper as “
of the work: how should the immunohistochemical analysis for MMR expression change the
With the aim to promote our paper, we underline the following points:
As you will see, we have followed all the reviewers suggestions.

Dear Editor,
Thank you for your kind consideration of our study. We are honored to submit our paper to
BMC Surgery. We have corrected the manuscript. A file with the revised text, with all revisions
yellow-lighted, and a file with the responses to the reviewers are attached.

With the aim to promote our paper, we underline the following points:

1) We thanks Prof. Craig C Lynch for quoting our paper as “an article of importance in its field”; as
we previously stated, a working group with specific interest in HNPPC was recently instituted in
our Academical Hospital, including clinicians, pathologists and genetists. The present paper
enters a clinical debate which has real relevance in the daily practice, and this was the true aim
of the work: how should the immunohistochemical analysis for MMR expression change the
management of young patients with colorectal cancer?

2) The results of the study are clear and globally agree with the available literature: in case of
suspicion for Lynch Syndrome, pathological confirmation by immunohistochemical analysis for
MMR expression represents a diagnostic tool quickly and easily employed even in the setting of
surgical centers that do not have molecular biology/genetic facilities, allowing every surgeon to
undergo the best and correct global patient care without the need for referring the patient to
an academic center before surgery, a practice that significantly prolongs preoperative time, and
which is finally often missed.

We are ready to reconsider any particular section in the light of your remarks; please do not
hesitate to contact us for any further corrections.

Many thanks in advance for Your attention.

Gian Luca Baiocchi

Brescia, 22/3/2013