Author's response to reviews

Title: A single-center study of 100 consecutive patients with localized prostate cancer treated with stereotactic body radiotherapy

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Author's response to reviews:

At San Bortolo Hospital in Vicenza a number of localized prostate cancer patients has been treated with Stereotactic Body Radiation Therapy in the past 6 years. This allowed us to have a number of cases, a quite good experience and a reasonably long follow-up. The present paper is a study on 100 consecutive patients, all of them had routines tests and standard care, as we reported in the Methods section. We believe that this paper might be of interest with any institution dealing with this kind of cancer treatment, as SBRT is an alternative to surgery providing a low risk of complications, outpatient treatment opportunity combined with minimal duration of treatment.

The study was approved by the Ethical Committee for Clinical trials of the Province of Vicenza. We confirm that all patients were informed of the benefits and treatment alternatives and gave their written consent.

The authors declare that they have no conflict of interest.

Reviewer's replies:
First Reviewer: Yasushi Nakai

The patients come to our centre from different institutions: the high number of cases of Low Gleason score rate derives mainly from a single institution, and these patients had a low number of specimen.

Second Reviewer: Yoshihiro Tatsumi

1. We have added the Phoenix definition in Methods.
2. We confirm that the choice of the additional hormone therapy was decided independently by the urologist, whose opinion is required by our protocol. For this reason the results were calculated dividing the patients into 2 subgroups, see Fig.4 .
3. In Results we confirmed that no other kind of toxicities occurred.
4. In Methods we specified the abbreviations FFBF and PTV.
Third Reviewer: Takeshi Inoue

1. In this paper we compare the initial reports and confirm our preliminary CK-SBRT experience [14]. As the technique is not widely used we believe that data need to be published and compared.

2. We have corrected the typing mistakes.

3. In the discussion we have tried to accurately explain the results obtained in our first experience (14) and in the current report, without adding comparative tables.