

Author's response to reviews

Title: Organ-specific and tumor-size-dependent responses to sunitinib in clear cell renal cell carcinoma

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Replay to Professor Thomas Schwaab

1. The authors fail to show clinical significance of this paper in my eyes.

RE: We believe that the predicting the response rate according to the target organ and target tumor size is very important in choosing therapeutic options. We greatly regret that the reviewer has a quite distinct view.

2. The authors fail to comment on my concern of treatment of patients with primary tumors in place. Again, these patients will be an entirely different patient population than patients who underwent a cytoreductive nephrectomy and should not be included in this patient population.

RE: We do not understand why the reviewer claims that we should omit the patients who underwent a cytoreductive nephrectomy. If we deleted such patients, the data may be intentionally biased. Anyway, we have compared the %reduction of lung lesions between patients who underwent a cytoreductive nephrectomy and those who did not undergo it, and have added the results that there were no significant differences in %reduction of the lesions between the two patients’ groups in each subgroup classified by the tumor size. (page 8, line 11)

3. The authors fail to demonstrate any correlation to meaningful clinical outcomes, such as overall survival.

RE: This is a very important topic in the future. With a longer follow up, we would like to delineate the effect of tumor response on overall survival.
4. Given the financial disclosure of 2 of these authors, I am concerned about a certain degree of bias in this report.

RE: The reviewer does not seem to know the meaning of the disclosure of the conflict of interest. Today, many significant clinical researches have been supported by private companies. The significant point does not lie in the involvement of private companies, but to declare the conflict of interest evidently is a spirit of the disclosure.

Reply to Professor Mayer Fishman

Minor essential revisions: Since many readers may work off of just the abstract, the conclusions there need to be stated very precisely. Instead of just saying "better", one could specify, higher percentage change.

RE: According to the reviewer’s suggestions, we have corrected the sentence as follows. (page 3, line 2)

“Patients with CCRCC who have smaller lung metastatic lesions and lower CRP levels may achieve greater percent reductions in tumor size with sunitinib therapy than those with extra-pulmonary lesions, large lung lesions, and/ or higher CRP levels.”