Author's response to reviews

Title: Inferior vena cava prosthetic replacement in a patient with horseshoe kidney and metastatic testicular tumor: technical considerations and review of the literature

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Author's response to reviews: see over
Dear Editor,

we thank you for your reply about our manuscript no. 1190924832103172 - Inferior vena cava prosthetic replacement in a patient with horseshoe kidney and metastatic testicular tumor: technical considerations and review of the literature.

The manuscript has been revised according to the precious critiques of the reviewers, as described below.

The manuscript was modified in order to comply with the guidelines for the authors.

All changes in the text have been highlighted in green.

Reviewer #1:

1a. Final Pathology of the masses resected is now specified.

1b. What was the reason for not offering the patient salvage chemotherapy for a patient without normalization of tumor markers, especially since the patient underwent numerous surgeries?

The patient underwent a salvage chemotherapy. The chemotherapeutic regimens have been better described in the text.

2a Line number 73, reference 11, they should reference the EAU or NCCN guidelines, this reference doesn’t seem to fit.
Two additional references (11 and 12) were included, pointing to EAU and NCCN guidelines

2b. *Fix lines 246-248, they seem contradictory*

The word "only" was added: now there are no more contradictions.

**Reviewer #2:**

1: *the background should include updated references on the incidence of this disease (i.e. [www.cancer.org](http://www.cancer.org))*

An updated statistic on epidemiology (from [www.cancer.org](http://www.cancer.org)) of testicular cancer in US has been added.

2: *was the pathology on the testicle pure teratoma?*

Yes, it was a pT1 pure teratoma, as now specified in the manuscript.

3: *were the tumor markers mentioned obtained prior to the orchiectomy? what were the markers after orchiectomy?*

Yes, markers mentioned are prior to the orchiectomy. We do not have values of markers immediately after the orchiectomy, because chemotherapy was started immediately after orchiectomy due to the extension of the disease (especially for lung disease).

4: *why was the chemotherapy regimen changed after the first cycle?*
The chemotherapeutic regimens have been better described in the text. The patient underwent 4 cycles of etoposide and cisplatin and a salvage 2nd line with 4 cycles of etoposide, ifosfamide and cisplatin.

5: what was the response of all lesions after chemotherapy? what were the characteristics of the caval mass? (cystic? solid?)

We obtained a progressive reduction (PR: partial response) of all the lesions (lung, liver and retroperitoneal mass). The caval mass was solid.

6: since this is mostly a surgical case report, the surgical procedure should be more detailed and supported with intraoperative images and possibly video sections. AND 7: the imaging is not very representative of the surgical complexity

We have added five more pictures. We have chosen the surgical images that we believed clearer among the available ones. We have also a video clip, we would be glad to provide it as supplementary material if the Editor and the Reviewers believe it could be useful. Let us know how to prepare and send the videoclip to you.

8: what was the pathology of the caval mass?

Final pathology showed tumor necrosis comprehending a small area of chondroid vital tissue for the mass infiltrating inferior vena cava and psoas muscle.

9: was all retroperitoneal disease removed?
Yes, of course.

10: the Discussion is significantly too long: this is a simple case report and now a literature review.

We believe that it is important to review in the Discussion section the literature about such a specific topic, and the manuscript respects the Author Instruction because there are not limits in number of words.

We hope we have satisfied all the questions and answered all the doubts expressed by the reviewers, so that our paper can now be considered for publication in your prestigious journal.

We also added two names among the authors of the manuscript as their contribution to the revision of the work was essential and extremely valuable. They still maintain contact with the patient and are aware of information necessary for the review of the work.

Their names are: Claudio Castagno (M.D. Division of Vascular Surgery, University of Turin, Department of Surgical Sciences, Città della Salute e della Scienza–Molinette Hospital, Turin, Italy; email: claudio.castagno83@gmail.com) and Patrizia Lista (M.D. Division of Oncology, Department of Oncology and Hematology, Città della Salute e della Scienza–Molinette Hospital, Turin, Italy; email: patrizia.lista@libero.it)

Should you need any further clarification, feel free to contact us.

Thanking in advance.

Sincerely yours,

P. Rispoli