Author's response to reviews

Title: Cystic renal cell carcinoma: a report of 67 cases including 4 cases with concurrent renal cell carcinoma

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Version: 3
Date: 1 August 2014

Author's response to reviews: see over
Dear Mr Reymon Ampalaya

Thank you for your interest in our manuscript MS: 1060147114129920 entitled “Cystic renal cell carcinoma: a report of 67 cases including 4 cases of concurrent renal cell carcinomas”. We are particularly grateful for the insightful comments of the reviewers and you, which greatly helped us in revision. Based on their and your comments, we have dramatically revised our manuscript.

Below please find their and your comments and our point-by-point responses. Thank you again for the revision of our manuscript. Should you need any additional information, please do not hesitate to contact me.

Sincerely,
Shanwen Chen, M.D
Editors’ comments and authors’ responses:

1. EDITORS’ COMMENTS

Reviewer’s report
Title: Cystic renal cell carcinoma: a report of 67 cases including 4 cases of concurrent renal cell carcinomas
Version: 2 Date: 25 June 2014
Reviewer: Heinric Williams
Reviewer’s report:
Chen et al has reported on their experience with cystic renal cell carcinoma. This manuscript highlights two important points with the management of these lesions. Firstly, the overwhelming low grade features and secondly, that they can be managed with partial nephrectomy.
The authors may comment on the role of enucleation for such lesions as cystic lesions can be enucleated from the normal renal parenchyma. In addition, the authors can comment on the sequelae of intraoperative cyst rupture during resection and whether this had any clinical impact on the patient’s outcome.
Answer: Thank you for the suggestions! We have described and commented on the sequelae of intraoperative cyst rupture during resection and whether this had any clinical impact on the patient’s outcome (in the third paragraph of result highlighted in red and in the eighth paragraph of discussion highlighted in red). Thank you for these insights.

One important feature of cystic renal masses that should be included in the discussion include hereditary leiomyomatosis and renal cell carcinoma manifesting as cystic renal lesions.
Answer: We agree with this comment, we have focused the discussion on the important feature of cystic renal masses that should be included in the discussion include hereditary leiomyomatosis and renal cell carcinoma manifesting as cystic renal lesions (in the third paragraph of discussion highlighted in red). Thank you for these insights.

There were some minor grammar mistakes that should be corrected prior to publication.
Answer: Thank you for your advice, we have the language in our manuscript edited by a native-English speaker with scientific expertise, BioMed Central recommends Edanz.
Reviewer's report:

It is with great pleasure that I reviewed the article by Chen et al. entitled ‘cystic renal cell carcinoma: a report of 67 cases including 4 cases of concurrent renal cell carcinoma. The authors have a substantial series to report. CRCC carried a good prognosis with no recurrence. The procedure of choice to handle CRCC is partial nephrectomy. The article can use some extensive medical editing. Furthermore additional material added to the manuscript could greatly strengthen it. Below is a point-by-point critique.

TITLE: No issues

ABSTRACT: Font sizes are different. Do not start a sentence with a written number.

Answer: Thank you for your reminding, we have revised our manuscript according to your opinion of the same font sizes and without starting a sentence with a written number.

INTRODUCTION: No issues

MATERIALS AND METHODS: Why was 1997 tnm used?

Answer: Thank you for your reminding. In our hospital department of pathology, pathological specimens were staged following the 1997 criteria of tumor-node-metastasis (TNM) classification for renal cell carcinoma ago. Recently, pathological specimens were staged following the criteria of 2010 AJCC Cancer Staging Manual. We invited a specialized genitourinary pathologist (Jun Li) reanalyzed all histopathologic slides according to 2010 AJCC Cancer Staging Manual.

MATERIALS AND METHODS: why were so many radical nx performed for these small renal lesions?

Answer: Thank you for your comment. Before 2010, 3 out of 14 patients underwent partial nephrectomy due to poor surgical techniques and possibility of tumor rupture or spillage. After 2010, 29 out of 53 cases received partial nephrectomy due to accumulated experience with partial nephrectomy and improved surgical techniques. The reasons for many radical nephrectomy performed for these small renal lesions were poor surgical techniques, patients’choice of radical nephrectomy, and possibility of tumor rupture or
spillage.

page 4 radical partial nephrectomy
Answer: Thank you for your reminding, this is our fault, and "radical partial nephrectomy" has been changed to “partial nephrectomy” in our revised manuscript.

RESULTS: No issues

DISCUSSION: No issues

REFERENCES: Many of the references are old. Review of the literature is not described well.
Answer: Thank you for your reminding, we have used some new references (2,6,7, and 8) to replace old references.

TABLES: There should be a table describing your current population. A table could be added reviewing the literature.
Answer: Thank you for your reminding, we have added one Table (Table 1) describing the character of cystic renal cell carcinoma.

FIGURES: Figure 1 H&E, Figure 2 US, CT san and MRI
Answer: Thank you for your reminding, the Figures have been adjusted according to your opinion of Figure 1 H&E and Figure 2 US, CT san and MRI.