Author's response to reviews

Title: Primary PEComa of the Bladder Treated with Primary Excision and Adjuvant Interferon-Alpha Immunotherapy: A Case Report

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RE: Primary PEComa of the Bladder Treated with Primary Excision and Adjuvant Interferon-Alpha Immunotherapy: A Case Report (MS: 2008168897100570)

Regarding Reviewer CF’s comments:

1. The discrepancy in tumor size has been corrected in the Pathology section. The 11 cm measurement referred to an aggregate of tumor, bladder and bowel tissue fragments. Due to the fragmented nature of the specimen, the actual tumor size could not be measured pathologically, so we believe that the clinical measurement of 3 cm is most reliable.
2. The extent of bowel invasion has been added to the Pathology section. Due to the fragmented nature of the specimen, surgical margins could not be accurately evaluated. No lymph nodes were sampled, since a neoplasm was not suspected clinically. This is discussed in the Discussion section.
3. The evidence for interferon therapy in vasculature tumors, as well as potential side effects and lack thereof in the present case, has been added to the Discussion section. Two references from The New England Journal of Medicine have been provided.
4. Comments have been added to the Discussion about the limitation of not having residual tumor and the need to weigh risks vs. benefits before using interferon in a patient without obvious residual tumor.
5. A comma has been added between “(CCSSP)” and “metastatic” on page 5.

Regarding Reviewer AP’s comments:

1. The follow-up protocol has been clarified, in terms of frequency and tests performed, in the Case Presentation section.
2. PET scanning is not part of our routine follow-up, but was performed on an investigational basis to detect neoplastic metabolic activity. This is clarified in the Case Presentation section.
3. The discrepancy in tumor size has been corrected as described above.
4. We do not understand what was meant by “% figures” with respect to the Pathology section. We have therefore not made any changes based on this comment.
5. The description of the 1st case report of bladder PEComa has been expanded in the Discussion section and the appropriate reference has been added.
6. Two of the most recent and authoritative references about PEComas (Folpe et al. Am J Surg Pathol 2005;29:1558-1575 and Hornick & Fletcher. Histopathology 2006;48:75-82) have been added and referred to in the discussion.
7. References are now in the appropriate format (note E96-98 in reference 7 reflects the fact that this article was published in electronic format only).
8. The word “recently” in the first sentence of the discussion has been omitted.

Thank you for your consideration of our article,

Jeremy Parfitt