Title: Tomotherapy concomitant with Cetuximab, followed by Cetuximab as single-agent therapy for unresectable squamous cell carcinoma of the skin. A case report.

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Version: 3
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Author's response to reviews: see over
Author’s response to reviews

Title: Tomotherapy concomitant with Cetuximab, followed by Cetuximab as single-agent therapy for unresectable squamous cell carcinoma of the skin. A case report.

Authors: S. Falivene, F.M. Giugliano, A.M. Grimaldi, R. Di Franco, D. Toledo, M. Muto, F. Cammarota, V. Borzillo, P.A. Ascierto, P. Muto.

Version: 3 Date: 20 August 2014

Author’s response to reviews: see over.

Correction of the name of an author (Paolo A. Ascierto)

Reviewer’s report

Title: Tomotherapy concomitant with Cetuximab, followed by Cetuximab as single-agent therapy for unresectable squamous cell carcinoma of the skin. A case report.

Version: 2 Date: 18 July 2014

Reviewer: Gaelle Quereux

Reviewer’s report:

It is an interesting case report describing the efficacy of an emerging association: cetuximab + tomotherapy

The discussion is clear and relevant.

The writing is acceptable and suitable for a scientific peer-reviewed journal.

Recommendation: text acceptable for publication with minor revisions:

- Case presentation might be more concise (especially in the description of the choice of the treatment). Ok. Done.


Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests: I declare that I have no competing interest
Interest of radiation therapy and cetuximab has been demonstrated in head and neck tumors. This case report shows a good response with concomitant innovative radiation therapy (tomotherapy) and cetuximab is a patient with an advanced local disease. However several precisions/details are needed

Minor Essential Revisions

About the case report :

Has the complete response been confirmed by imaging evaluation ? yes. Done.

How long was the follow up since treatment administration? 2 years ? this has to be indicated in the case report and in the abstract. Indeed recurrences occur mainly during the 2 first years of follow up. Last treatment has been performed on 13.03.2013. At a follow up of 15 months there was no evidence of active disease. We have specified this in abstract at line 136 and in case report at line 204.

Other details

Line 126 and line 171: What means unresectable G1 ? which staging is used ? The disease resulted unresectable for the extension. G1 is the grading of the squamous cell carcinoma described in the Hystological exam. Size of the tumor ? Lines 176-179: “A contrast-enhanced magnetic resonance (RM) of pelvis showed extensive skin thickening from the front region of the iliac spine up to posterior sacral region, involving the contralateral lumbar region. The lesion extended from the right of right iliac crest (where it is in contact with the lateral abdominal muscles and with the cortex of the iliac crest) until ipsilateral gluteal region, involving deep muscular tissue.” Figures are explanatory.

What’s the medical history of the patient? The patients had no significant medical history. At the beginning there was a wrong diagnosis “hidradenitis suppurative” and then the patient became pregnant (her daughter is now 6 years old). The surgeons told her that she had to abort to be cured radically and she refused that. She had already been subjected to multiple treatments with antibiotic therapy, ozone therapy and hyperbaric oxygen therapy.

Line 132 : Is the cutaneous rash occuring at M5 ? this is not typical. Yes, it is not typical. And it was a mild cutaneous toxicity.

Line 148 However BCC and SCC differ. SCC can involve lymph nodes. It seems better to notify only SCC in this sentence. Done.
No trials has shown superiority of Mohs surgery compared to conventional surgery in SCC. So Mohs surgery is only an option and this requires to be taken in account. OK, done.

It seems better to say that chemotherapy "has often palliative indication". Indeed neoadjuvant chemotherapy followed by surgery can be curative (Sadek et al Cancer). Done. We have also added this in discussion (Lines 224-225)

Only patients with locally advanced unresectable disease should be considered for radiation therapy and this has to be added. Done.

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: I declare that I have no competing interests' below