Author's response to reviews

Title: Essential pre-treatment imaging examinations in patients with endoscopically-diagnosed early gastric cancer

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Version: 3 Date: 4 April 2010

Author's response to reviews: see over
April 4th, 2010

Dear Editor,

We are addressing a revised manuscript entitled “Essential pre-treatment imaging examinations in patients with endoscopically-diagnosed early gastric cancer: 7476955092909178” and a letter giving a point-by-point response to the concerns. We hope you will find this manuscript acceptable for publication in your journal.

All authors are in agreement with the content of the revised manuscript.

Thank you for reviewing this paper. We are looking forward to hearing from you soon.

Sincerely yours,

Eri Horisoko, MD
Referee2

Major Compulsory Revisions

General
Authors described that contrast-enhanced abdominal CT not have to need for treatment eEGC. However, the advantage of omitting contrast-enhanced abdominal CT, such as cost and radiation exposure, is not so described.

The following passage has been added to the “discussion” section.

The cost of abdominal CT depends on the country, but it is more expensive than CR, and, according to the literature, the effective radiation dose of abdominal CT is around 20mSv, which is, again, much greater than that of CR. Omission of contrast-enhanced abdominal CT in patients with EGC would have benefit of reduced cost and radiation exposure.

Result
Image findings and changes in treatment indication and strategy
1. Page 9. CT found suspicion of lymphadenopathy in the upper abdomen in eight patients. However, pathologically positive lymph nodes in 10 patients were not detected by CT and US. Were CT positive findings pathologically negative? The description of this passage was complex.

The following passage has been corrected and added to the “Imaging findings and changes in treatment indication and strategy” section.

Of theses, only one patient was pathologically confirmed to be N1. In fact, 10 of 79 surgically treated patients had pathologically positive lymph nodes in the upper abdomen, but the above described patient was the only case in which lymph node metastases was accurately diagnosed preoperatively.
Minor Essential Revisions

Result

Treatment selection, pathological diagnosis and patient prognosis

1. Page 8. The authors added clinical stage of EGCs. Gastric cancer with T2 depth is not EGCs and is advanced cancer. EGCs should be changed gastric cancers.

I have corrected the passage accordingly. Thank you.

2. T1(m)N1 is very rare. What is the histopathological diagnosis of the lesion.

The following passage has been added to the “Results” section.

The T1(m)N1 lesion was signet ring cell carcinoma.

Conclusions

3. Page 14. “Gastric cancers with suspected sm invasion” is better than “sm cancers”.

I have corrected the passage accordingly. Thank you.