Author's response to reviews

Title: Clinical implications of granulomatous inflammation detected by endobronchial ultrasound transbronchial needle aspiration in patients with suspected cancer recurrence in the mediastinum.

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In regards to: Revision of Manuscript no 1310684991158313

Clinical implications of granulomatous inflammation detected by endobronchial ultrasound transbronchial needle aspiration in patients with suspected cancer recurrence in the mediastinum.

The Editor, Journal of Cardiothoracic Surgery.

Dear Editor,

Thank you and the editor for the suggested revisions regarding the above manuscript. We believe that these revisions have strengthened the quality of this manuscript for publication.
I have made a point by point response to these revisions in the following paragraphs:

Reviewer 1

1. We have made this correction in the abstract- “One other patient with a history of breast cancer was diagnosed with non-tuberculous mycobacteria infection.”
2. We reviewed the spelling of antimycobacterial and it is correct without hyphen. However, upon reviewing this, I noted that non-tuberculous mycobacteria is spelt all in small caps without italics and I corrected this throughout the text.
3. Granuloma and cancer were not identified together in lymph nodes and no patient had granuloma identified in one node and cancer in another node. We have now indicated this in the results section- "Cytological analysis of EBUS-TBNA samples did not identify granulomatous inflammation and cancer in the same node or different nodal stations during the same procedure in any of the patients."
4. We agree and have corrected this sentence- “This is a situation fraught with peril as mediastinal and hilar adenopathy may be secondary to other processes such as granulomatous inflammation and not cancer recurrence.”
5. We have answered the question regarding how many patients had a prior history of cancer vs no cancer with the following sentence at the beginning of the results section- “All 153 consecutive patients referred for EBUS-TBNA for mediastinal lymphadenopathy identified by CT imaging were included. No cancer history was identified in 38 (24.8%). “

Editor Reviewer
1. we have removed “been” from the first sentence
2. other grammatical errors have been corrected

Sincerely yours,

Marcus Kennedy MD