Author's response to reviews

Title: Analysis on the Clinical Features of 22 Basaloid Squamous Cell Carcinoma of the Lung

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Author's response to reviews: see over
1. The authors compared 22 cases of BC with 98 cases of PDSC. How do the authors choose these PDSC? This is a series cohort or selected cohort? How to avoid the selected bias?

Answer: (1) The control group consisted of all cases at Tianjin Medical University Cancer Hospital pathologically diagnosed as PDSC between January 2004 and December 2008. In total, 98 PDSC cases were identified. During the same period of time, 22 basaloid squamous cell carcinoma cases were diagnosed.

(2) There is no difference in clinical manifestation of basaloid squamous cell carcinoma and PDSC, thus the two can only be identified by histological examination, thereby minimizing the possibility of misidentification based on clinical criteria. All pathologically diagnosed basaloid squamous cell carcinoma and PDSC inpatients in this hospital were included in the research cohort. Therefore this is a series cohort and selection bias is not a major concern.

2. On last follow-up time only 11 cases died from BC and 45 from PDSC. That means the death is less than 50%. Why is there median survival time?

Answer: Of 22 patients with basaloid squamous cell carcinoma in our cohort, 11 (50%) died. Thirteen cases failed to be followed up in PDSC control group, therefore the total PDSC cases successfully followed up was 85 cases. Forty-five out of these 85 PDSC cases died. These data support the median survival time analysis.

3. In the first section of results the authors reported 4 BC from 102 PDSC. There were confounded.
Through retrospective pathological analysis of the initial 102 PDSC sections, 4 cases showed some features corresponding with the diagnostic criteria of basaloid squamous cell carcinoma of the lung. So the final diagnosis of these 4 cases was basaloid squamous cell carcinoma. Among the initial 19 basaloid squamous cell carcinoma sections, one case showed a pure basaloid pattern and was diagnosed as variant of large cell carcinoma (LCC) through retrospective pathological analysis. So, the final tally of diagnosed PDSC cases was tabulated as 102-4=98 cases, while basaloid squamous cell carcinoma amounted to 4+(19-1)=22 cases.

4. Only one case received post radiotherapy. This did not lead to make Cox analysis.

Answer: Concerning Cox analysis, ‘combined therapy’ as an independent impact factor in this manuscript includes three aspects: ‘Chemotherapy’, ‘Radiation therapy’ and ‘Combined Chemotherapy and Radiation Therapy’. The total cases were 7+1+1=9, 9 cases can support Cox analysis.

5. Abstract conclusions are different from the last conclusions.

Answer: The revision is done.

6. Need to rewriter with English

Answer: The revision is done.
Minor

1. Add % for all variant in Table 1.
Answer: The revision is done. We have already added ‘%’ for all variant in Table 1.

2. Please indicate which lung cancer staging system was used
Answer: The revision is done. We had labeled the lung cancer staging system in the manuscript.