Author's response to reviews

Title: Clinical significance in the number of involved lymph nodes in patients that underwent surgery for pathological stage III-N2 non-small cell lung cancer

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Author's response to reviews: see over
REVIEWER 1:

We are grateful to the reviewer for the critical comments and valuable suggestions that have helped us to improve our paper. We have responded to each question and comment below.

1. According to the recommendation of the reviewer, we added the information of clinical stage in Table 1. Clinical stages were diagnosed as stage I in 46 patients, stage II in 6, and stage III in 69. We added this information in Results section in lines 9-10 of page 6.

2. According to the recommendation of the reviewer, we added a reference (Misthos et al.) as reference #19. Previous investigators demonstrated the single N2 disease showed favorable prognosis that multiple N2 disease. However, the present study indicated unique prognostic information concerning subpopulation of patients with 2 or fewer lymph node metastases. We added this information in Discussion in lines 10-13 of page 9.

3. A complete mediastinal lymphadenectomy was routinely performed in 121 patients. After surgery, en bloc dissected tissues were divided into each lymph node tissues precisely. We added this information in Results in lines 19-20 of page 4.

4. The number of metastatic lymph nodes in patients with skip mediastinal lymph nodes metastasis was 1 in 17 patients, 2 in 7 patients, and > 3 in 17 patients. We added this information in Results in lines 15-16 of page 6.

5. We agree with the reviewer’s comment. The real drawback of the present study is lack of ability to accurate diagnostic technique for the number of metastatic lymph nodes. Therefore, we added the following sentence (in Discussion in lines 20-22 of page 10; it is not possible to estimate exact number of lymph nodes by using current staging technique including mediastinoscopy and endobronchial ultrasound guided transbronchial fine needle aspiration cytology.
REVIEWER 2:

Thank you very much for your important and the critical comments. We have responded to each question and comment below.

1. A complete mediastinal lymphadenectomy was routinely performed in 121 patients. After surgery, en bloc dissected tissues were divided into each lymph node tissues precisely. We added this information in Result in lines 19-20 of page 4.

2. Exactly, we reconstruct separated lymph nodes in every case before pathological examination.

3. Each lymph node was examined pathologically. Therefore the number of lymph nodes was described according to pathological report in each case.

4. We also consider that number of metastatic lymph node is more important rather than category of “single station” or “multi-station”.

5. We would like to demonstrate that the prognosis of patients within 2 involved lymph nodes is significantly better. Therefore, we indicated the comparison of prognosis according to 1, 2, 3, 4, and more than 5.

Thank you in advance for your kind consideration of our revised version of the manuscript.