Author's response to reviews

Title: Prognostic potential of ERCC1 protein expression and clinicopathologic factors in stage III/N2 non-small cell lung cancer

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Version: 3 Date: 14 May 2013

Author's response to reviews: see over
Dear editor:

Many thanks for your valuable advice. Changes made to the text and explanations given in response to the reviewers’ comments are detailed below. They are highlighted in blue.

Reviewer: Marc Riquet

Reviewer's report

Major Compulsory Revisions

1. The distinction between predictive and prognostic factor should be better explained in the whole manuscript.

We observed that ERCC1 expression, the type of surgical procedure and the number of involved lymph nodes significantly influenced 5-year survival, when evaluated using both univariate and multivariate analyses. These findings could contribute to optimizing patient treatment strategies. Because our study was more focused on survival, we have revised the title to “Prognostic potential of ERCC1 protein expression and clinicopathologic factors in stage III/N₂ non-small cell lung cancer”.

2. Whether the pathological ERCC1 staining was performed on the tumor or on the nodes is unclear.

The pathological ERCC1 staining was performed on the tumor as stated in the manuscript (lines 9 and 15, paragraph 2, page 6).

Minor Essential Revisions
1. The running title is not adequate.

I had revised the running title according to your advice. Running title: “Prognostic factors in non-small cell lung cancer”.

2. The first paragraph of the background section is a useless truism.

I have rewritten this paragraph in the Background section and omitted the useless truisms (paragraph 3, page 3).

3. The definition of skip metastasis (last sentence, page 4) is inexact.

In line with the reviewer’s comment we have expanded the definition of skip metastasis in the revised manuscript as follows: Skip metastasis is lymph node metastasis that skips lymph node stations that are in close proximity and occurs at a considerable distance from the primary tumor. Lymph node metastases from lung cancer may skip the intralobar lymph nodes and move directly to the mediastinum. In our study, skip mediastinal lymph node metastasis was defined as mediastinal lymph node metastasis (N2) without peribronchial and/or hilar lymph node metastasis (N1) (lines 7-12, paragraph 2, page 5).

4. The first sentence of the results section should be corrected.

I had revised the first sentence of the Results section (lines 16-17, paragraph 3, page 7).

Discretionary Revisions

If the authors really want to improve their study, they could look for ERCC1 status discrepancy between the primary tumor and the nodal metastasis.

We are aware that there is probably a significant difference in ERCC1 status between the primary tumor and the nodal metastasis. We agree with your suggestion, and are conducting research regarding the expression of ERCC1 and other molecular
biomarkers in the primary lung carcinoma and the metastatic lymph nodes of patients with NSCLC. The result will be reported in a future study.

Quality of written English: Needs some language corrections before being published.

The revised manuscript has been corrected for English language by a professional editing company.

I look forward to hearing from you.

Many thanks.

Yours sincerely,

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