Author's response to reviews

Title: The correlation of SUVmax with pathological characteristics of primary tumor and the value of Tumor/ Lymph node SUVmax ratio for predicting metastasis to lymph nodes in resected NSCLC patients

Authors:

Deniz Koksal (dckoksal@gmail.com)
Funda Demirag (fundademirag@yahoo.com.tr)
Hulya Bayiz (hbayiz@mynet.com)
Ozlem Ozmen (ozmenozlem@yahoo.com)
Ebru Tatc&amp;#305; (ebrutatci@yahoo.com)
Bahadir Berktaś (bahadir.berktaś@gmail.com)
Koray Aydogdu (korayaydogdu@gmail.com)
Erdal Yekeler (yekelererdal@gmail.com)

Version: 2 Date: 22 February 2013

Author's response to reviews:

Dear Editor,

First of all I want to thank to you and all the reviewers for spending valuable time to review this manuscript and for precious contribution.

Below you can find the point by point responses to the concerns of the reviewers.

Your Sincerely

Dr. Deniz Koksal

Reviewer 1:
The English script is reviewed.
The authors think that the combination of table 6 and 7 can be incomprehensible. That’s why we separate them. But we corrected the table legend of table 6 as “The comparison of metastatic and non-metastatic lymph nodes”. We explained 7 non-metastatic lymph nodes (4: granulomatous, 3: silicosis) which were neither antracotic nor reactive in the text in “results” section.

Reviewer 2:
The language of the manuscript is reviewed.

In this manuscript we investigated the relationships between SUVmax and various factors related to tumor by univariate analyses. Because if we had analyzed our data with ANCOVA, our data couldn’t accomplished some assumptions (multivariate normality, independence) of ANCOVA due to relative small sample size for numerous independent variables. Dr. Bahadir Berktaś (M.Sc. Biostatistics) who is one of the co-authors of this manuscript made the statistical analysis of this manuscript.
The reviewer is partially right to think that there is a contradiction. But in fact the study clarifies this contradiction. If we analyze Table 6, we can see that while mean SUVmax values were not different between metastatic and non metastatic lymph nodes, T/LN ratios were significantly lower in metastatic ones. In countries where inflammatory reactions are more prevalent, a cut of value of 2.5 for the prediction of metastasis is too low. Besides in our clinical practice we have realized that some tumors with low SUVmax values have metastatic lymph nodes after resection despite a negative PET/CT obtained before surgery. That’s why we investigated T/LN ratio as a marker of metastasis. (This discussion is added to the manuscript, discussion section paragraph 10)

Reviewer 3

In accordance with the suggestion of reviewer we changed the term ”lymph node stations with a quantifiable SUV max” as ”Lymph nodes showing higher uptake than the surrounding mediastinal blood pool were quantified.”

The reviewer touched an important point. We add the suggestion in discussion section at the end of the 10th paragraph.

Reviewer 4

We certainly know that the manuscript is a little bit long. But we don’t want to give up any part of it. Nowadays PET/CT is an extensively used imaging modality for staging non-small cell lung cancer patients. But there are still some challenges in the interpretation and more common difficulty is related to the lymph nodes. Despite some limitations of the study, we think that lymph node part is also important and can provide some knowledge that will be useful to further understanding of PET/CT for the evaluation of lung cancer.