Author’s response to reviews

Title: Successful treatment of desmoid tumour of the chest wall with tranilast: a case report

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Author’s response to reviews: see over
Dear Editor-in-Chief,

Thank you for giving us good suggestions that improve the quality of our paper entitled ‘Successful treatment of desmoid tumour of the chest wall with tranilast: a case report’ which we previously submitted to Journal of Medical Case Reports (MS: 1379478801332472). According to the Reviewers’ comments, we have revised the manuscript and are re-submitting it. All the changes in the revised manuscript are highlighted with underlines and typed in blue colour. The changes for each point raised by the reviewers are listed at the end of this letter. Your re-consideration of this paper is greatly appreciated.

Thank you.

Yours sincerely,

Takahiro Goto, MD, PhD

To Referee 1, Dr Dimitrios Dougenis

1. Dr Dougenis has pointed out whether we believe that a new excisional biopsy could make a difference in understanding what has happened histologically, and if we could bring back the patient and do it. Practically, we cannot perform a second-look biopsy because the tumour has shrunk and the patient does not give his consent of a second-look biopsy. However, because the proportion of high-signal intensity area on T2-weighted MR images became much smaller after the treatment, we presumed that a second-look biopsy would reveal decrease of cellular component. This description is on Page 7, Line 5-8 of the new manuscript.

2. Dr Dougenis has also suggested that we should more clearly state and emphasize that surgery is the
definite treatment of desmoid tumours. According to his suggestions, we have added some descriptions. These additional descriptions are on Page 3, Line 3 and on Page 6, Line 4-6 of the new manuscript.

To Referee 2, Dr Shari Meyerson

Dr Meyerson has suggested that we should discuss how this drug will be used by our group in the future. We should like to use it as a first-line adjuvant therapy for surgery with inadequate surgical margin, and also as a first-line therapy for unresectable tumours. This description is on Page 8, Line 9-12 of the new manuscript.