Author’s response to reviews

Title: Ovarian Germ Cell Tumors with Rhabdomyosarcomatous Components and later development of Growing Teratoma Syndrome. Case report

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Author’s response to reviews: see over
Dear Editors,

Thank you very much for reviewing our paper, entitled “Ovarian Germ Cell Tumors with Rhabdomyosarcomatous Components and later development of Growing Teratoma Syndrome: A case report”

Reviewer 1:

1. Was the mass on the right ovary?
   - Yes, it was originating from the right ovary as mentioned in paragraph 1, Line 5, of 'case presentation'

2. Was there any spillage during the first surgery?
   - No, there was no intraoperative spillage during the first surgery. This was documented in the operative notes of patient’s file. The following sentence was added to paragraph 2 line 2 of case presentation: “No intraoperative spillage was taken place”

3. Regarding paragraph no.4 in 'discussion', the first 7 lines about GTS should be in 'Introduction'.
   - The first 7 lines about GTS in paragraph no.4 of 'discussion' were moved to 'introduction'.

4. Successful pregnancy after treatment for GTS
   - The following text (and reference) were added: “Successful pregnancy after development of GTS has been reported indicating the necessity of fertility sparing surgical approach in the treatment of young female patients\(^{21}\), as a paragraph (no. 5) in 'discussion'

5. Reference number 17 and 18 is written twice
   - This was corrected

Reviewer 2
1. Please add the month and year to each picture in figure 1.
   - The month and year to each picture in figure 1 were added.

2. Please add a figure to compare figure 1a before and after chemotherapy.
   - Another panel was added to reveal the response of the primary tumor to chemotherapy: figure (A2)

3. Please add 2 references that will improve the discussion and emphasize the importance of surgical treatment in patients with GTS (Karam et al. Urology. 2009 Oct; 74(4):783-4) and the use of investigational therapy in a subset of patients who cannot be resected (Vaughn DJ et al. N Engl J Med. 2009 Jan 22; 360(4):423-4.)
   - The following texts with the mentioned references were added to the 'discussion':
     - Paragraph 4, line 2: Otherwise the outcome may be grim
     - Paragraph 9, line 2: New investigational therapy using selective CDK inhibitors suggests a new treatment for growing teratoma syndrome especially in those with unresected or recurrent GTS

Reviewer 3

We believe the case is unique. The initial pathology “GCT with rhabdomyosarcomatous changes” in combination with rare occurrence of GTS makes this patient worth reporting. The co-existence of different pathologies in the same patient may suggest a common genetic origin. Observations like this can be very helpful for investigators studying pathogenesis of pediatric tumors. The successful treatment of this patient also merits reporting, as most patients with GCT/RMS component reported in the literature were doing less favorably; possibly due to the omission of RMS chemotherapy component.