Author's response to reviews

Title: Sunitinib treatment enabling resection of massive liver metastasis: a case report

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Version: 2 Date: 31 July 2013

Author's response to reviews: see over
We would very appreciate your review of our manuscript (Manuscript ID: 1182500461952705). The comments of reviewers have been helpful in allowing us to revise our manuscript. We have attempted to address the questions raised by the reviewers according to the following.

**Reviewer:** Oner Sanli  
**Comments to authors:**

1-I belive that the present case report has two endpoints. 1- Significant reduction in liver metastasis with sunitinib treatment, 2-Histopathological effects of sunitinib on liver tissue. These two subjects should be evaluated separately and discussed. For this reason, these subjects should be well defined in “introduction” section.

Our response:
We have mainly mentioned the two subjects about the dramatic reduction in liver metastasis with sunitinib treatment, and the histopathological effects of sunitinib to the non-tumorous liver parenchyma.

**We have inserted the contents of the above in the Introduction.**

2-Histopathological subtypes of RCC is unclear.

Our response:
The histopathological subtype of the renal cell carcinoma was clear cell.

**We have inserted the contents of the above in the Case presentation.**

3-How do the authors explain renal toxicity of sunitinib treatment without any evidence on liver tissue. What do we know about the effect of sunitinib on liver tissue? Please discuss.
Our response:
We considered the renal toxicity of sunitinib treatment might be caused by only one kidney. In this case both renal and liver dysfunctions were transient, and recovered by the introduction of drug holidays and dose adjustments.

*We have inserted the contents of the above in the Discussion.*

4-“Discussion” section does not flow well. Probably the order of the paragraphs is not correct. Please organize according to the primary and secondary endpoints.

Our response:
*We have rewritten “Discussion” section as the revised manuscript, according to the primary and secondary endpoints.*

5-First paragraph of “discussion” may be useless or some parts may be carried to the introduction. This paragraph is not directly related with the primary or secondary endpoints.

Our response:
*We have omitted first paragraph of “Discussion” section.*

**Reviewer:** Carolina D’Elia  
**Comments to authors:**
Is there any missing information that you think must be added before publication?  
Yes. I would add:  
- The histological subtype of the renal cell carcinoma: cRCC, pRCC, ch RCC?  
- The size of the primary tumor  
- The patient’s comorbidity, if present  
- An accurate classification of surgical complications (e.g. Clavien Dindo) an chemotherapy adverse events (e.g. National Cancer Institute Common Toxicity Criteria grading system for the adverse effects of cancer treatment)  
- Renal and liver function (pre and post CHT and surgery)
Our response:

**We have appended the above contents to the revised manuscripts.**

Comments to authors:

The case report is really interesting and clearly reported, but, in introduction, I would specify, that resection for metastatic liver cancer has been reported as effective in colo rectal cancer (ref. 1 and 2). Moreover, i would add a reference of FDA approvation for metastatic renal cell carcinoma and GIST.


Our response:

It has been reported that the metastasectomy in renal cell carcinoma after neoadjuvant therapy with sunitinib [3], and that the use of sunitinib for a patient with GIST in the neoadjuvant setting to achieve complete surgical resection [4].


**We have inserted the contents of the above in the Introduction and Reference.**

Sincerely yours,

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