Author's response to reviews

Title: Small cell lung cancer with VGCC antibody-positive paraneoplastic limbic encephalitis: a case report

Authors:

Kyoichi Kaira (kkaira1970@yahoo.co.jp)
Takashi Okamura (m12702008@gunma-u.ac.jp)
Hideki Takahashi (hirokit@gunma-u.ac.jp)
Norio Horiguchi (horiguti@gunma-u.ac.jp)
Noriaki Sunaga (nsunaga@gunma-u.ac.jp)
Takeshi Hisada (hisadat@gunma-u.ac.jp)
Masanobu Yamada (myamada@gunma-u.ac.jp)

Version: 3
Date: 5 February 2014

Author's response to reviews: see over
Dear Editor

Thank you for your generous comments for our paper.

My coauthors and I resubmit the revised manuscript, “Small Cell Lung Cancer with VGCC antibody-positive Paraneoplastic Limbic Encephalitis: a case report” for publication in Journal of Medical Case Reports.

Our manuscript was revised according to reviewer’s comments.

We have highlighted our revisions by red font.

We certify that no portion of this manuscript has been previously published, and we agree to transfer copyright to Journal of Medical Case Reports in the event that this manuscript is accepted for publication.

Thank you for your consideration of our paper.

We look forward to hearing from you.

Sincerely yours,

Kyoichi Kaira, M.D

Department of Medicine and Molecular Science, Gunma University Graduate School of Medicine, Showa-machi, Maebashi, Gunma 371-8511, Japan

Tel:+81 27 220 8136

Fax:+81 27 220 8136

e-mail: kkaira1970@yahoo.co.jp
To Dr. Schaller

The authors present an interesting and well written case report about a very rare case. I have nothing to add except that I such cases it would be extremely interesting to have a PET/SPECT. Perhaps the authors could add a sentence in this context and cite for example Molecular Imaging and Biology 2007; 9:60-71)

Thank you for your generous comments.

According to reviewer’s comment, the following reference was added in reference section as Ref. 10; Schaller BJ, Modo M, Buchfelder M. Molecular imaging of brain tumors: a bridge between clinical and molecular medicine? Mol Imaging Biol 2007;9:60-71.
To Dr. Takigawa

Thank you for your generous comments.
I appreciate your excellent review.

Authors concluded that physicians should know the potential of malignant neoplasms associated with PLE and a clinical marker such as VGCC antibody might help the PLE diagnosis of the disease. The manuscript was well written and authors extensively summarized the PLE cases. My comments were below.

1) Page 4, line 1 -> Fig. 1A: line 10 -> Fig. 1B  
   **Response**) According to reviewer’s comments, Fig. 1A and Fig. 1B were changed.

2) Page 4, line 4 -> Fig. 2A; line 11: Please insert ‘Fig. 2B’  
   **Response** According to reviewer’s comments, Fig. 2A was changed, and Fig. 2B was inserted.

3) Page 4, line 6: In addition to limited disease, please describe TNM classification. Authors also describe performance status at diagnosis and after chemotherapy.  
   **Response** According to reviewer’s comments, we added these descriptions in case presentation.

4) Page 4, the bottom line: The manuscript of Ref 6 was written in Japanese. Thus, readers might not find the cases of SCLC patients with PLE. Please quote the original articles or English reviews.  
   **Response** We quoted the English papers instead of Ref.6. The Japanese paper of Ref. 6
was deleted.

5) Did authors measure anti-VGCC antibody after they knew negative result for anti-Hu antibody? I could not know it from the case presentation. I would like to know whether physicians should measure anti-VGCC antibody and anti-Hu antibody simultaneously or sequentially (after negative result of anti-Hu antibody) in clinical practice.

**Response** We measured anti-VGCC and anti-Hu antibody simultaneously. It takes some time to get the results of these antibodies, so it may be useful to measure these antibodies simultaneously in clinical practice.

6) Did the patient have symptom of Lambert Eaton myasthenic syndrome because he had VGCC antibody?

**Response** He had no symptom of Lambert Eaton myasthenic syndrome.

7) Did the patient have abnormal laboratory data such as hyponatremia?

**Response** He had a mild hyponatremia of 128 mEq/l. However, we consider that the patient’s different symptoms such as consciousness disturbance, impairment of short-term memory and psychiatric symptom were not caused by this hyponatremia.

8) Page 3: Glasgow Coma Scale of 15 was full marks despite of consciousness disturbance, impairment of short-term memory and psychiatric symptom. Is the description real?

**Response** We are sorry that Glasgow Coma Scale of our patient was not 15 but 14. The detail of GCS was 4 points of Eye Opening, 4 points of Best Verbal Response and 6 points of Best Motor Response.
Did authors measure antibody for voltage-gated potassium channel (VGKC)? Encephalitis associated with anti-VGKC complex antibodies was described (Brain 2004; 127: 700-712).

**Response** Of course, we measure the antibody for VGKC, however this value was within normal range. This data was also added in case presentation.

9) Did authors reassess the anti-VGCC antibody after response was obtained? The titers of antibody in Lambert–Eaton myasthenic syndrome were correlated with clinical evolution (Journal of Neuroimmunology 2008; 197: 47–53).

**Response** We could not get the accurate value of the anti-VGCC antibody after response by chemotherapy.