Author’s response to reviews

Title: Clinical and Imaging Manifestations of Primary Cardiac Angiosarcoma

Authors:

Jin-Fen Yu (yujinfen2010@163.com)
Hui Cui (liulangzhifeng@126.com)
Guo-Min Ji (jiguomin@sohu.com)
Shu-Qi Li (llxlsq@163.com)
Yong Huang (liuchunlong1978@qq.com)
Ruo-Ning Wang (zdwangning@163.com)
Wen-Feng Xiao (xwxfwf123456@sina.com)

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Revision Notes

Dear Editor:

Thank you very much for your letter and for the reviewers’ comments concerning ours manuscript entitled “Clinical and Imaging Manifestations of Primary Cardiac Angiosarcoma” (Manuscript Number : BMIM-D-18-00259). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. All revised portion are marked in red. The redundant portion are deleted in strikethrough in the paper. The main corrections in the paper and the responds to the reviewer’s comments are as following:
Responds to the Editor’s comments:

1. The Editor’s comment: In accordance with BioMed Central editorial policies and formatting guidelines, all manuscript submissions to BMC Medical Imaging must contain a Declarations section which includes the mandatory sub-sections listed below.

The authors’ Response: We have added this part in our article(page 12-13), which are marked in red.

Responds to the Reviewer’s comments:

Paweł Tyczyński (Reviewer 1):

1. The Reviewer’s comment:

Introduction

Cardiac myosarcoma is very rare disease and truly stated by authors that mostly reported on a case-by case basis. However, the authors did not include in this manuscript. previous papers of case series or retrospective studies with relatively large number of patients. It would be worth to include such papers in introduction/ discussion section.


The overall prognosis of patients with primary cardiac sarcoma is poor, with median overall survival (OS) ranging from 9 to 27 months in recent case series. These findings are added to the Conclusion (Introduction section) according to the Reviewer’s comments. The above two references have also been cited in this paper.

2. The Reviewer’s comment:

Material and Methods

The authors state that "their disease histories ranged from two weeks to over 8 years". Do they mean angiosarcoma histories? (8 years would be extremely long period for very low life expectancy in AS) Or do they mean for other comorbidities? This is not clear at all.

The authors’ Response: After our verification, angiosarcoma with a history of 8 years was secondary, and the longest history of primary cardiac angiosarcoma in this group was 19 months. We corrected the history (Clinical data: Page 4, line 3)

3. The Reviewer’s comment:

Image analysis

Two radiologists, both with moe…- there is lack of their initials

The authors’ Response: The initials of two radiologists have been added to Image analysis according to the Reviewer’s comments.

4. The Reviewer’s comment:
Discussion

Although computed tomography is the standard cardiac tumors, however it would be worth to discuss the role of cardiac MRI in AS patients.


The authors’ Response: A new discussion content has been added to the last paragraph of the Discussion section according to the Reviewer’s comments(Page 11, paragraph 1). The above there references have also been cited in this paper.

5. The Reviewer’s comment:

References

Style of references is quite careless and needs much improvements.

The authors’ Response: We have carefully revised the references according to the Reviewer’s comments.
6. The Reviewer’s comment:

Figures

There is lack of any arrows indicating and explaining interesting features.

The authors’ Response: We have add some arrows indicating and explaining interesting features in figures and figure legends according to the Reviewer’s comments.

Magdalena Kostkiewicz (Reviewer 2):

An interesting article, its value would be higher if the authors mentioned whether echocardiography had been performed before and if possible compared the results with echocardiography. It should also be mentioned if there were differences between the image obtained in 64 slice CT and 256 slice CT.

The authors’ Response: Compared with the 256-slice CT, the 64-slice CT has a lower resolution, is prone to artifacts, and requires patients to hold their breath. Especially, it is not as good as the 256-slice CT in showing large blood vessels.

However, this study is a multi-center retrospective study with a long span, and our research target was cardiac tumor. Although the image quality of 64-slice CT was poor, it could basically meet the diagnostic requirements, so we did not compare the difference in image quality between the two in this paper. We believe that with the gradual upgrading of domestic machines, the image quality of cardiac tumors will be better and better.

The next step is to compare the 64-slice CT images with the 256-slice CT images. Due to the differences in diagnosis and treatment habits among 7 hospitals, only 2 cases in this group received cardiac ultrasound, which was not included in this paper for discussion. I think this may be the next point worth studying. Thank you for your advice.
We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. We appreciate for Editors and Reviewers’ warm work earnestly, and hope that the correction will meet with approval. Once again, thank you very much for your comments and suggestions.