Author's response to reviews

Title: Role of SMC1A overexpression as a predictor of poor prognosis in late stage colorectal cancer

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Author's response to reviews: see over
Dear Editor,

We are appreciative of your careful reading and reviewing on our manuscript (MS: 1387221714149835). Accordingly, this manuscript has been revised in response to every concern or comment raised by the reviewers. We hope the revised manuscript will meet the journal’s standard. Below you will find our point-to-point responses to the reviewers’ comments.

REVIEW COMMENTS

In this manuscript authors has studied the role of SMC1A in 427 CRC, 56 normal colon and 51 adenoma cases in tissue microarray format and also correlated the data with various clinicopathological variables. Along with this they did cell line and xenograft study to prove their hypothesis.

The concept and design of the study is good, however the following are main concerns which should be revised before publication:

ABSTRACT

Page 2, line 6. They said they did study on 534 CRC patients. Actually CRC cases were only 427, rest were not colorectal patients. So it should be corrected.

Authors’ reply: As for the referee’s concern, it has been corrected in the revised manuscript.

METHODS

Page 5, line 15-22. Authors have not provided any detail about antibody validation.
How they validated their antibody. How they chose their scoring criteria. If it was done earlier then should give reference, if not then justify the scoring system used by them.

Authors’ reply: We appreciate the reviewer’s comment. Slides were incubated overnight at 4°C with anti-SMC1A (1:200, Santa Cruz Biotechnology, Inc) and the antibody specificity was validated according to a previous report [20]. Tumors with final staining scores of 0, 1, 2-4 and 5-6 were considered to be negative (-), slightly positive (+), moderately positive (++) and strongly positive (+++), respectively, as described previously [21, 22]. The relevant references have been provided in the revised manuscript.

RESULTS

Page 9, line 10. “In high grade” should be replaced by “in late stage”, as some tumors in stage III & IV are of lower grade.

Authors’ reply: As for the referee’s concern, it has been corrected in the revised manuscript.

Authors have also stated that stage III & IV patients have significant worse survival (p=0.008) and in ABSTRACT (page 2, line13) they stated that it is an independent poor prognostic predictor. If it is independent prognostic predictor then multivariate analysis should be presented in result section. Authors should also give parameters used in MVA analysis and relative risk. Multivariate table is needed for such
Authors’ reply: We appreciate the reviewer’s comment. In fact, the Cox proportional hazards model had been used for multivariate analysis of prognostic factors. However, all p values were more than 0.05, which were not significant, possibly due to the uneven distribution of CRC cases in every stage. Thus, multivariate table was not presented in the manuscript.

What about survival in all 427 patients as whole. If it is not significant then Title of manuscript should be changes accordingly “Role of SMC1A overexpression as a predictor of poor prognosis 1 in late stage colorectal cancer”

Authors’ reply: As for the referee’s concern, the title has been corrected in the revised manuscript.

Table 2

Percentages should be given in parenthesis besides numbers to correlate the p-value.

Authors’ reply: As for the referee’s concern, the percentages have been supplemented in Table 2.

Under “Position” heading, p value is 0.000. It should be written as p<0.0001, if it is very high significant value.

Authors’ reply: As for the referee’s concern, p values have been corrected in Table 2.