Author's response to reviews

Title: Clinical Characteristics of Narrow-band Imaging of Oral Erythroplakia and Its Correlation with Pathology

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Version: 3 Date: 7 March 2015

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

Thank you for giving us the opportunity to further revise our manuscript (MS: 1092209590152854, entitled “Clinical Characteristics of Narrow-band Imaging of Oral Erythroplakia and Its Correlation with Pathology”). We have addressed each point raised by the reviewers and made the corresponding changes in the manuscript. All of the changes have been highlighted in red. During this valuable process of revision to enhance the manuscript, we would like to thank the editors and reviewers for their insightful and informative comments. We have learned much from this exchange and appreciate your support. Please let us know if additional clarification is required. Our responses to the reviewers’ comments are listed below.

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Best regards,
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Reply to reviewer #1 (Enver Ozer)

I would like to congratulate the authors for their study which is the first to illustrate the correlation between the pathology and morphological pictures of NBI images in a large series of patients. Even though it is a subjective test, still contributing to the effectiveness of a non-invasive test for this significant oral cavity problem is very important.

Our response: Thank you for the comments.

Reply to reviewer #2 (Roberto A.P. Puxeddu)

Minor essential revision:

During discussion at page 16, row 3d the term "less radical" should be changed in "less aggressive", since a more limited resection due to the earlier diagnosis can still be considered radical.

I can suggest the Authors to cite in the discussion the paper published by Puxeddu and co-workers in the Laryngoscope 2015 Epub ahead of print entitled: Enhanced Contact Endoscopy for the detection of neoangiogenesis in tumors of the larynx and hypopharynx in which the Authors propose the coupling of NBI and SPIES systems
with contact endoscopy for laryngeal and hypopharyngeal pathology as to magnify
the vascular pattern of the lesions examined as to reduce inter and intraobserver
variations. If applied to oral cavity it can probably improve sensitivity, specificity and
false positive and false negative values.

Our response: The term “less radical” has been changed to “less aggressive” on page
16 of the revised manuscript. In addition, we cite the article published by Puxeddu
and co-workers in *The Laryngoscope* 2015 (Epub ahead) in the Discussion Section on
page 16. The information of coupling of NBI and SPIES system with contact
endoscopy in detecting neoangiogenesis in tumors of the larynx and hypopharynx is
important. The application of this system to oral cavity should be of help expectably.

All of the changes have been highlighted in red. Thank you for the comments.