Author's response to reviews

Title: Leucopenia and treatment efficacy in advanced nasopharyngeal carcinoma

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The main corrections in the paper and the responds to the reviewers' comments are as following:

Replies to Reviewer of Professor Peter Dziegielewski:
Excellent paper. Some minor edits:
1) Please reference the NCCN guidelines you are using.
Answer: Thank you for pointing this out; we apologize for this negligence. we have added the reference of the NCCN guidelines.

Original: chemotherapy is recommended for ANPC according to NCCN(National Comprehensive Cancer Network) guidelines. In 2014 version of NCCN guidelines, the categories of evidence for induction or adjuvant chemotherapy of NPC has declined.
Revised: chemotherapy is recommended for ANPC according to NCCN(National Comprehensive Cancer Network) guidelines[7]. In 2014 version of NCCN guidelines, the categories of evidence for induction or adjuvant chemotherapy of NPC has declined[7].

Reference:

Original: The treatment strategy for all patients was based on National Comprehensive Cancer Network Guidelines.
Revised: The treatment strategy for all patients was based on National Comprehensive Cancer Network Guidelines[24,25].
Reference:

2) The last sentence in the first paragraph of the Introduction does not make sense. Please revise. “So early to indentify...”
Answer: Thank you for pointing this out; we apologize for this negligence. After our consideration, we decided to delete the last sentence in the first paragraph of the introduction.

Page 4 line 14
Original: So early to indentify who is likely to benefit from chemotherapy is important.
Revised: the sentence that”So early to indentify who is likely to benefit from chemotherapy is important” is deleted.

3) Please state if IRB approval was obtained. [Under the Methods section]
Answer: Thank you for pointing this out. In the first paragraph of the methods section, we have stated that“The Sun Yat-Sen University Cancer Center Institutional Review Board (IRB) and ethics committee reviewed and approved the study.”

Page 5 line 12 to line 13

4) The timing of measuring for leucopenia does not seem to be standardized. Please comment on this.
Answer: Thank you for pointing this out; we apologize for any negligence. To clarify this, we have revised these sentences in the Laboratory measurements section of the methods.

Page 6 line 7 to line 12
Original: We performed leukocyte and neutrophil counts for all patients within two weeks before therapy and at least once weekly during treatment. The most severe grade of leucopenia was based on the lowest recorded leukocyte count, and was graded according to the National Cancer Institute Common Toxicity Criteria version 4.0.

Revise: We performed leukocyte and neutrophil counts for all patients within two weeks before therapy and at least once weekly during treatment. The most severe grade of leucopenia was based on the lowest recorded leukocyte count for a given patient between the first day of treatment administration and 1 week after the end of treatment, and was graded according to the National Cancer Institute Common Toxicity Criteria version 4.0.
Replies to Reviewer of Professor Chaosu Hu:
Major Compulsory Revisions.

Answer: Thank you for your review. However, there are no detailed comments for the revision of this paper. We think this study make sense because of several reasons:

Firstly, this is the first instance reporting that leucopenia or neutropenia is a prognostic factor in pretreated ANPC. Bone marrow suppression is a common adverse reaction of cytotoxic drugs and could be a biological measure of drug activity and might predict treatment efficacy [8, 9]. Some studies reported that leucopenia or neutropenia is a prognostic factor predicting better clinical outcome in several solid tumors[10-23]. However, no studies previously reported this in NPC.

Secondly, our results showed that mild leucopenia or neutropenia might be a barometer of the appropriate chemotherapeutic dosage to obtain sufficient anti-tumor effect in a patient, leading to improved clinical outcome; however, severe leucopenia or neutropenia might be a marker of overdosage and suboptimal survival. These might provide important proof of dose reduction when occurring severe bone marrow suppression, especially IV degree bone marrow suppression, not only for the safety, but also for the treatment efficacy.

Reference:


