Author's response to reviews

Title: Preoperative serum 8-hydroxydeoxyguanosine is associated with chemoresistance and is a powerful prognostic factor in endometrioid-type epithelial ovarian cancer

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Author's response to reviews: see over
Oulu, 27th May 2015

Dear Editor-in-Chief,

We thank you for your interest in our manuscript “Preoperative serum 8-hydroxydeoxyguanosine is associated with chemoresistance and is a powerful prognostic factor in endometrioid-type epithelial ovarian cancer”.

We have incorporated Editor’s requests and additions to the manuscript as described below with the track changes function of Microsoft Word.

We also observed two errors in the manuscript, which have now been corrected. 1) There was wrong p-value in Fig. 2A (0.009), the correct p-value is 0.020, which was already mentioned correctly in the abstract and in the Results section in the previous version. 2) Figure legend 2A was supposed to be legend for Figure 2B and Figure legend 2B was supposed to be legend for Figure 2A. This has been also corrected.

Hopefully the manuscript now fulfils your requirements and is ready to be published in BMC Cancer.

Sincerely,

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Editor's Request:
Please include a sentence in the Introduction, Methods, or Results section that describes the differences between this dataset and the previously published dataset.

Reply: The last paragraph of the Introduction section has been modified now as requested:

“We have previously reported that high serum and tumor tissue levels of 8-OHdG in epithelial ovarian carcinoma (EOC) patients are associated with traditional factors of poor prognosis and also with serous histology [26]. In this previous study, 75% of patients had serous histology and we were therefore unable to assess the prognostic value in different histological subtypes. We included 35 patients from the previous study to the current study (32 serous, 2 endometrioid and 1 clear cell histology) aiming to evaluate the roles of serum 8-OHdG and DJ-1 as prognostic factors in different histological types of epithelial ovarian cancer.”

Editor's Request:
In your response, and in the Discussion section, please also highlight the differences in the Kaplan-Meier curves between the two papers (first paper appears to be overall survival, and analyzed by low grade, and then by IHC instead of serum OHdG; second paper shows progression free survival, and looks at histology, focusing on the endometrioid group).

Reply: We have modified the second paragraph of the Discussion section now as follows:

“In one of our previous studies [26] we reported that high serum 8-OHdG levels as well as high 8-OHdG immunohistochemical expression were associated with poor clinical outcome in cases of serous ovarian cancer. However, that particular study was focused mainly on serous carcinomas, serum 8-OHdG associated to poor survival only in low grade disease, we were not able to assess progression-free survival and prognostic significance was not observed in multivariate analysis. On the basis of the results, we suggested that there could be variation in oxidative stress levels between different ovarian cancer histological subtypes, and 8-OHdG levels could possibly reflect chemoresistance – hence the current study was undertaken.”