Author’s response to reviews

Title: From Palliative to Curative Treatment - A case of stage IV mucinous adenocarcinoma, successfully treated with metronomic capecitabine in combination with bevacizumab and surgery

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

Thank you for your email, along with two reviewers’ comments, on our manuscript. We have carefully revised the manuscript following the reviewers’ comments, and resubmit a revised manuscript (the main changes highlighted). The detailed responses to the comments are as follows:

Reviewer no 1, Dr Anita Zarina Z Bustam

“The authors may wish to add into the DISCUSSION section of any published literature thus far which has shown similar outcome in patient(s) treated with the same LDM chemotherapy regime as in the case reported by the authors; or to highlight if this was the only case reported and published so far in which the cancer in a patient with advanced metastatic MAC colorectal in origin was successfully and completely eradicated.”

Response: We have added lines 161-171 on page 7 and lines 184-186 in the revised version to illustrate and highlight this issue. The reference number 19 has been replaced by another reference to further illustrate the clinical importance of this type of treatment.

Reviewer no 2, Dr Andrew Ko

“In first paragraph of case presentation, describe colonoscopic findings and that the biopsy was obtained via colonoscopy (assuming this is the case).”

Response: We have added lines 78-81 on page 4 to clarify this issue.

“Clarify dosing of capecitabine -- 500 mg twice-daily without interruption.”

Response: We have added the suggested phrase to line 99 on page 5.

“Describe toxicities, if any, on LDM.”

Response: We have added a phrase regarding this issue on line 103 on page 5 concerning the patient described in the case. We also discussed this issue in general in the original version, now seen on lines 156-157 page 7. Depending on the drug used in LDM therapy you can expect different kinds of side effects.

“In Discussion section, last two sentences of paragraph 4 (p. 7, lines 153-156) are confusingly written and should be clarified.”
Response: We have changed the phrase accordingly in the lines 155-156 on page 7.

“The Discussion section should provide more detail, rationale, and historical data (if any) using bevacizumab as part of LDM therapy.”

Response: We have added line 170-171, page 7 to illustrate the lack of studies in this area.

“More details re: results from prior trials of LDM, esp in colon cancer, should be provided (refs 18-19).”

Response: We have added lines 161-169 on page 7 to illustrate and highlight this issue. The reference number 19 has been replaced by another reference to further illustrate the clinical importance of this type of treatment.

“Consider including histopathology figure showing biopsy at time of original diagnosis, and perhaps again at surgery (if different in any way -- i.e. more areas of necrosis).”

Response: Histopathology figures showing the patient’s tumor in the colon and in the liver, respectively, at the time of surgery has been added as Figure 3. The figure is described in the legends.

Yours Sincerely,

Karolina Vernmark