Author's response to reviews

Title: Potential Angiogenic Effect Of Human Chorionic Gonadotropin Hormone In Rapid Progression And Spontaneous Regression Of Metastatic Renal Cell Carcinoma During Pregnancy And After Surgical Abortion. A case report.

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Author's response to reviews: see over
Dear Editorial Office,

We send the answers to the reviewers’ comments below and to we would like to re-submit the revised MS to BMC Cancer with the title of "Potential angiogenic effect of hCG in rapid progression and spontaneous regression of metastatic renal cell carcinoma during pregnancy and after surgical abortion. A case report." to consider for publication.

Response to Reviewers’ Comments:

We thank the Editor and Reviewers for their overall positive opinion on the MS and for valuable comments and suggestions.

We agreed with the comments and made modifications accordingly throughout the revised MS.

Our detailed answers are as follows:

Response to the comments of Reviewer1:

Q1. It is unclear to me if pregnancy and contraception methods have been discussed with the patient during systemic therapy or before its initiation; in my opinion it is important to underline it in the manuscript. If it was not discussed it might be a malpractice – MAJOR
R1: We included this really important issue to the text after checking the medical reports and further consultation with the relatives of the patient in the report.

Q2. Which interferon was used for the treatment? – MINOR
R2: We replaced the type of interferon (alfa 2a, recombinant) in the revised text.

Q3. There are several reports (I am aware of 7 additional cases in 4 publications) of metastatic kidney cancer during pregnancy; it might be interesting to mention them in the manuscript or if word count allows to analyze them further:
JAOA 1989; 89(7): 929-32
ObstetGynecol 1994; 83(5): 818-20
Eur J GynaecOncol 1998; 19(6): 584-7
R3: We thank for this valuable suggestion. We inserted the first three of the four (and other important) reports into the list of references, which are available in PubMed and other widely used databases. Originally, we found several other publications in this topic, but later tried to keep the material as concise as possible.

Response to the comments of Reviewer2

Q1. The case describes at one point the patient was on a TKI at the time of becoming pregnant and another describes she was on a treatment break prior to becoming pregnant. Which is correct?
R1: It is really a very important remark. We revised the text accordingly both in the abstract and in the text body. Now it says: "The patient became pregnant during the treatment break."
Q2. The use of three modalities of imaging and comparing them without providing consistent metric measurements is not acceptable.
R2: During pregnancy we applied chest X-ray and MRI examinations, and after the surgical abortion first we controlled the chest X-ray state. After initially detecting the fast regression of the tumor we further performed an urgent “topometric” chest CT examination to prove the improvement in oncologic state. As the patient lived 100 km away from our University, we did not want to repeat MRI examination without any therapeutic consequence after this kind of hardness in her life.

Q3. Further description of why certain medical/surgical interventions were carried out is required.
R3: We inserted further clarifications on the clinical management in the revised MS.

Q4. More detailed description of the histological features of the tumour is required.
R4: We included details of the original histological findings in the revised text.

Q5. The use of the word “interruption” - I can only assume this means medical abortion. The correct acceptable medical terminology needs to be used here.
R5: We changed the words “interruption” to “surgical abortion”.

Q6. There is a need to clarify the overall survival outcomes for patients diagnosed with RCC. Poor, moderate and good risks all have different clinical outcomes.
R6: We inserted relevant literature data and new references into the revised text.

Q8. Some patient details are inappropriately shown on the x-ray images provided (DOB)
R8: We corrected the above error by removing DOB data from the X-ray image.

Q9. A brief review of the literature regarding what is known about pregnancy and cancer within the introduction would be helpful.
R9: The connection of pregnancy and cancer is widely discussed in the literature and it is a hard task to summarize this field of medicine in brief. Nevertheless, we appreciate the request of the Reviewer and tried to sum up the current status by inserting new details of information the revised text.

With best regards, László Mangel, Pécs, Hungary

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