Author’s response to reviews

Title: An inflammation-based cumulative prognostic score system in patients with diffuse large B cell lymphoma in rituximab era

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Author’s response to reviews:

Dear reviewer:

We wish to thank you for the time and effort you have spent reviewing our paper. Motivated by your comments, we have tried to fix all the problems you mentioned. The main improvements in the revised manuscript are listed as follows:

Editor's comments:

1 - Please rewrite the following: Background: sentences 1, 5, and 8 in paragraph 1; and Results: sentence 2 in paragraph 1.
The improvements:

1. The original text: Background: sentences 1 in paragraph 1: "Diffuse large B-cell lymphoma (DLBCL) are the most common form of non-Hodgkin’s lymphomas (NHLs), accounting for 30–40% of all lymphoid neoplasms."

   The revised text: Background: sentences 1 in paragraph 1: "Diffuse large B-cell lymphoma (DLBCL) is the most common subtype of non-Hodgkin lymphoma (NHL), representing 30–40% of all lymphomas."

2. The original text: Background: sentences 5 in paragraph 1: "But in rituximab era, the capacity of the IPI to discriminate between risk groups has declined."

   The revised text: Background: sentences 5 in paragraph 1: "But in rituximab era, the ability of the IPI to predict prognosis has declined."

3. The original text: Background: sentences 8 in paragraph 1: "Therefore, the search for cheap and easily applicable prognostic markers that might help to improve the prognostic accuracy is needed."

   The revised text: Background: sentences 8 in paragraph 1: "Therefore, cheap and easily accessible prognostic markers which might help to increase prognostic accuracy are needed."

4. The original text: Results: sentences 2 in paragraph 1: "The Ann Arbor tumor stage was defined as: stage I in 114 (20.2%) patients, stage II in 196 (34.8%) patients, stage III in 129 (22.9%) patients and stage IV in 125 (22.2%) patients."

   The revised text: Results: sentences 2 in paragraph 1: "The Ann Arbor tumor stage distribution was as follows: stage I: 114 (20.2%) patients, stage II: 196 (34.8%) patients, stage III: 129 (22.9%) patients and stage IV: 125 (22.2%) patients."

2 - Please include a manuscript ethics statement with the actual name of the committee that approved the study. Please also indicate whether written informed consent was obtained from the human subjects. If study approval or written human subject consent were not necessary, please state this in the manuscript and include a brief explanation.
Ethics approval and consent to participate:

The approval of the ethics committee or written human subject consent was not necessary. Because this is a retrospective study reporting clinical and laboratory features and the outcome of diffuse large B cell lymphoma patients. The study did not produce any potential additional risk to patients and did not involve any privacy of patients.

Thank you for your comments.