Author's response to reviews

Title: A lung cancer patient with deep vein thrombosis: A case report and literature review

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Technical Comments:

Comment 1: We note that the current submission contains some textual overlap with other previously published works, in particular:


AND

https://doi.org/10.1016/S0049-3848(12)70027-0

This overlap mainly exists in the Background and Methods sections.

While we understand that you may wish to express some of the same ideas contained in these publications, please be aware that we cannot condone the use of text from previously published work.

Please re-phrase these sections to minimise overlap.

Response 1: Thank you for the comment. We have become aware that it’s not suitable to directly use texts in published work to express our ideas and we sincerely apologize for that. These texts have been rephrased and properly noted with reference marks, as detailed below:

Cancer patients have an up to 7% risk of developing venous thrombosis, partly because they are subject to various circumstantial risk factors such as surgical interventions, immobilization or drugs during their illness. On the other hand, tumors frequently generate a prothrombotic state, which may remain without clinical manifestation or result in anticoagulant-resistant venous thromboembolism.

Rephrase:

Cancer patients are susceptible to venous thromboembolism (VTE) events with an up to 7% risk, partly due to their considerable exposure to various circumstantial risk factors including surgery, immobilization and medications during the course of their disease. On the other hand, tumors are frequently associated with a prothrombotic state, which may remain clinically asymptomatic or result in VTE that is resistant to anticoagulants[5].

2) https://doi.org/10.1016/S0049-3848(12)70027-0

Patients with cancer are at 4- to 7-fold higher risk for VTE than patients without cancer, and about 15% of patients with cancer suffer a VTE episode. Cancer patients have an increased risk of VTE during the entire course of their disease. However, this risk is particularly high after the start of the anticancer treatment, during the first months after cancer diagnosis and at the end stage of disease.

Rephrase:

Patients with malignancies are at four to seven times higher risk for VTE than patients without, and around 15% of cancer patients are affected with a VTE episode. Risk of VTE is increased during the entire course of cancer patients’ illness[1]. Nevertheless, such a risk is particularly high after the commencement of the treatment for cancer, especially during the first months after diagnosis and at the end-stage of cancer[2].

Comment 2: At this stage, please upload your manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files.

Response 2: Thank you for your comment. The manuscript, relevant tables and figures will be uploaded as requested.