Author’s response to reviews

Title: Exceptional response to chemotherapy followed by concurrent radiotherapy and immunotherapy in a male with primary retroperitoneal serous adenocarcinoma: A case report and literature review.

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Exceptional response to chemotherapy followed by concurrent radiotherapy and immunotherapy in a male with primary retroperitoneal serous adenocarcinoma: A case report and literature review.

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BMC Cancer
Dear Reviewers,

Thanks for your comments. We would like to respond to all the points raised by you in order to improve our manuscript.

Dear Dr. Kang, regarding your concern over the link between PD-1 immunotherapy and mismatch repair deficiency, we have this information for our case report. The tumor was considered mismatch-repair proficient after no mismatch repair gene mutation was encountered by tumoral DNA next-generation sequencing. This information can now be found in the reviewed version of the manuscript. Page 5; Lines 3-11.

Dear Dr. Hecht, regarding the rationale to use immunotherapy we have some facts to take into consideration. The extensive and aggressive nature of the disease with no plausible efficacious therapeutic strategy that could be drawn from the identified mutations, after progressing from a platinum containing chemotherapy regimen and the PD-L1 expression on tumoral cells and tumor infiltrating immune cells lead us to believe concurrent external RT and nivolumab was a possibly valid strategy. You can find this information presented on the sixth paragraph. We changed the sentence “no targetable mutations” to “no plausible therapeutic strategy for the identified mutations” in the manuscript. Page 6; Lines 1,2.

PD-L1 status was positive (PD-L1 present, 10% of tumoral cells; PD-L1 present on 30% of tumor infiltrating immune cells, SP263 clone, fine needle aspiration) and this information can now be found in the manuscript. Page 4; last line and page 5, line 1.

On the matter of estrogen receptor positivity, no percentage or score was made available by the pathology report. We required a pathology review for additional information but the analysis was not done in time for this review.

Due to the aggressive nature of this cancer, and no previously reported benefit and not even use in this scenario, estrogen receptor blockage was not tried yet, but we agree it could be attempted as a next-line therapy in the future. Last paragraph of discussion. Page 8; lines 18-20.

Regarding the description of the off-label character of the nivolumab treatment for this patient, it is now written in the manuscript. Page 6; line 2.
Both abstract suggestions were taken.

Tumor size was taken away from line 3 of the Case Presentation subset of the abstract.

The description of the chemotherapy regimen carboplatin/paclitaxel was added to the abstract.

Thank you very much,

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