Author’s response to reviews

Title: Preoperative systemic inflammation score (SIS) is superior to neutrophil to lymphocyte ratio (NLR) as a predicting indicator in patients with esophageal squamous cell carcinoma

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Author’s response to reviews:

Dear Editors and Reviewers:

On behalf of my co-authors, we thank you very much for giving us the constructive comments and suggestions on our manuscript entitled “Preoperative systemic inflammation score (SIS) is superior to neutrophil to lymphocyte ratio (NLR) as a predicting indicator in patients with esophageal squamous cell carcinoma” (ID: BCAN-D-19-01362R1). These comments are all valuable and helpful for revising and improving our paper. The concerns raised by the editor and reviewers are listed below, followed by a point to point response to them. Revised portions are marked with red color in the paper. We hope the revised manuscript would meet your expectations.

Responds to the reviewer’s comments:

Reviewer 2:

Comment 1: Reviewer 2 indicated mistakes in univariate analysis (Comment 1). However, mistakes are shown in revised manuscript (P-value for NLR and SIS). Please confirm.

Response: We are very sorry for our mistake. We have reconfirmed the P-value in the univariate analysis and made the correction in the revised manuscript (Table 3).

Comment 2: Serum CEA and SCC are representative blood markers for the clinical management of patients with ESCC. Then, SIS and NLR are blood markers calculated from blood samples. Although the authors described as future research studies, this is an important issues.
Response: Thank you for your comprehensive consideration. Due to the limitations of the retrospective study as we mentioned in our study, these data were not included in our study. Moreover, the paper mainly aimed at assessing the value of inflammation-based factors on predicting the prognosis of ESCC and compared the prognostic values between the NLR and SIS. That is the reasons why we had not included the CEA and SCC in our study. We really apologize for our negligence. We will take this comment in to consideration and included the CEA and SCC in the analysis of our further studies.

Comment 3: In the response of comment 4 from Reviewer 2, the authors described that SIS may influence the outcomes of ESCC in the different way. The authors should explain this different way in the revised manuscript.

Response: Thank you for your comprehensive consideration. We have supplemented the underlying biological mechanism of SIS in influencing the outcomes of ESCC patients in the discussion section. (Discussion section, paragraph 2, page 15-16).

Comment 4: Recently, your group demonstrated the clinical impact of the prognostic nutritional index (PNI) in patients with cervical ESCC (Dai Y, Fu X, Li T, Yao Q, Su L, Su H, Li J. Long-term impact of prognostic nutritional index in cervical esophageal squamous cell carcinoma patients undergoing definitive radiotherapy. Ann Transl Med;7:175). Why did the authors focus on NLR rather than PNI in this study?

Response: Thank you for your comprehensive consideration. Prognostic nutritional index (PNI) was known as a nutrition-based prognostic factor that had been reported to have predictive value for the prognosis of ESCC patients. However, the SIS was inflammation-based factors. In this paper, we mainly aimed at assessing the value of inflammation-based factors on predicting the prognosis of ESCC. So, we did focus on the PNI in this study.

We are very grateful to the reviewer for improving this manuscript.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. And here we did not list the changes but marked in red in revised paper.

We appreciate for Editors/Reviewers’ warm work earnestly, and hope that the correction will meet with approval. Once again, thank you very much for your comments and suggestions.

Sincerely,

Jiancheng Li, MD, PhD