Author’s response to reviews

Title: Diagnostic value of medical thoracoscopy in malignant pleural effusion

Authors:

Yan-Bing Wu (wuyanbing7755@163.com)
Li-Li Xu (lily_5809@qq.com)
Xiao-Juan Wang (xjwang730715@hotmail.com)
Zhen Wang (wz_0316@126.com)
Jun Zhang (zhangjun19972005@163.com)
Zhao-Hui Tong (tongzhaohuicy@sina.com)
Huan-Zhong Shi (shihuanzhong@sina.com)

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Author’s response to reviews:

Dear Dr. Ragen:

Thank you for your letter and for the reviewers’ comments concerning our manuscript entitled “Diagnostic value of medical thoracoscopy in malignant pleural effusion” (Manuscript ID PULM-D-16-00393R1).

We thank the reviewers for their high enthusiasms and comprehensive analyses of our manuscript. The reviewers’ comments are all valuable and are also very helpful for revising and improving our paper, as well as the important guiding significance to our future researches. We have studied comments carefully and have made corrections which we hope meet with approval. For your convenience, we now provide our point-by-point responses to all the concerns as detailed below. In the interest of your time, we will not discuss the encouraging comments.

Sincerely yours,

Huan-Zhong Shi, MD, PhD
Department of Respiratory and Critical Care Medicine
Responses to the reviewer’s comments:

Responses to Dr. UffeBødtger’ comments:

Comment 1: There are some minor spelling errors here and there, e.g. page 7 line 7: “challenged” whereas some sentences are difficult to entirely understand such as the very last sentence in Conclusions.

Response 1: We have tried our best to use correct English, and the spelling errors including “challenged” have been corrected.

Comment 2: Results sections is merely telling everything stated in Tables. Please choose either text or table, not both.

Response 2: We have already cut down some less importance parts in text to reduce the duplication.

Comment 3: The "..and so on..." in the sentence "Among metastatic malignancies that resulted in MPE, the most common cancer was lung cancer (85.2%), followed by breast cancer (4.4%), ovarian cancer (2.2%), pancreatic cancer (1.8%), and so on." makes the reader feel that the author is very bored with his own work.

Response 3: We have deleted "..and so on..." in that sentence.

Comment 4: I really miss a hypothesis. The data are impressing by their number but as a scientific paper, the current manuscript provides too little of interest. I am curious: CT findings and association to malignancy in all 833 patients?

Response 4: In this retrospective study, we wanted to analyze the diagnostic value of MT in MPE patient, as well as the disease spectrum and radiological characteristics of MPE in a teaching hospital.
Comment 5: Materials: the description is too sparse. Please, provide the reader with sufficient data on your methods, so the reader can understand and perhaps replicate your study: timing of MT, prior workup, experience of operator, type of thoracoscope etc.

As the paper is known, it is an exciting draft and I am looking forward to reading a finished paper.

Response 5: The information about MT procedures had been described in our previous publications “Chin Med J (Engl) 2008, 121(15):1384-1389” and “Respir Med 2015, 109(9):1188-1192”, and these two publications have been cited in our current manuscript (Ref. 13 and 14).

Responses to Dr. Jonathan Puchalski’ comments:

Comment 1: Overall well written. Please rephrase the 2nd sentence -- Subtypes of exudative effusions often seen in clinical practice include...

To say "the 3 subtypes typically seen" isn't correct in some parts of the world where tuberculous exudative effusions are uncommon.

Response 1: We didn’t find such a sentence in our manuscript.

Comment 2: Conclusions is misspelled.

Response 2: We have amended our spelling mistakes in this manuscript.