Author’s response to reviews

Title: Alveolar soft part sarcoma metastatic to the breast: a case report

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Author’s response to reviews:

Dear BMC Surgery

Editor
Prof. Hayley Henderson, Ph.D.

BSUR-D-18-00402 “Alveolar soft part sarcoma metastatic to the breast: a case report”

Please find our enclosed manuscript, entitled “Alveolar soft part sarcoma metastatic to the breast: a case report” that we are submitting for consideration for publication in BMC Surgery. This manuscript is revised point by point response to the concerns. I show the change point to the attached sheet. All authors are aware of the consent of this revised manuscript. We are submitting this paper as an Original Report for BMC Surgery.

We hope you will seriously consider this report for publication in BMC Surgery.

Sincerely,

Shinichiro Kashiwagi, M.D., Ph.D.
We have responded to the comments from Reviewer #1, as follows:

Reviewer #1: This is a case report of a rare breast metastases. This is certainly a rare occurrence; however, there are already a few case reports published. The report itself is fairly thorough, although the English does need some revising. In summary, this is a fairly well written case report and its major limitation is merely the fact that it is only a case report of a very rare circumstance with therefore little broad applicability.

⇒ Thank you very much for the careful review of the reviewer. Thank you for your precious comment.

We modified “Discussion section” according to your kind suggestion.

And, we confirmed the correction of grammar. We asked native check over the whole paper and proofread an English sentence. (Editage, No. INQ_GIZXC_19_3)

We have responded to the comments from Reviewer #2, as follows:

Reviewer #2: It is a well-written case report on a rare entity.

Case presentation is comprehensive and illustrations are representative.

The Discussion part is rather superficial (see detailed comments below).

⇒ Thank you very much for the careful review of the reviewer. We correct several points according to the descriptions by the reviewer, as follows.

We modified “Discussion section” according to your kind suggestion.

And, we confirmed the correction of grammar. We asked native check over the whole paper and proofread an English sentence. (Editage, No. INQ_GIZXC_19_3)

REQUESTED REVISIONS:

The Discussion should be enhanced re. both literature review and lessons learned from this particular case
ADDITIONAL REQUESTS/SUGGESTIONS:

Discussion is rather superficial:

1) the authors should show how this case is special (huge size and rapid growth of the met?) and what lesson(s) could be learned;

2) how this case is similar/different from previously reported 10 cases of ASPS metastatic to the breast?

3) literature review is missing some important (e.g. PMID 23263847, a good review of all reported cases) and recent (e.g. PMID 26464747) publications

⇒ Thank you for your precious comment. We considered it in “Discussion” section and added “References (PMID 23263847, PMID 26464747)”.

Cases with ASPS metastasis to mammary tissue are considered extremely rare and are reported only in 10 previous studies [5, 6, 11]. Orphans et al.[7] reported no difference between the left and right onset (11~29-year-old) in the case of breast metastases from ASPS, and about half of the cases were multiple organ metastases (number of lesions: range 1~3, median 1.5). In our case, we observed juvenile onset and multiple organ metastases. Since the size of the tumor were relatively small, about 2 cm, we performed partial resection of the mammary gland. (P7line1-7)


Minor:

1) "cases of ASPS with mammary metastases are very rare" - how rare? provide exact number; one recent publication from 2015 claimed "Not more than 10 reports are available in the literature" (PMID 26464747);

⇒ Thank you for your precious comment. We considered it in “Discussion” section and added “References (PMID 26464747)”.

Cases with ASPS metastasis to mammary tissue are considered extremely rare and are reported only in 10 previous studies [5, 6, 11]. (P7line1-2)

2) "we are currently monitoring the patient through regular follow-ups" - how many months?

⇒ We put concrete monitoring methods in "Case presentation".

Postoperative conditions were good, and we are currently monitoring the patient through regular follow-ups (visual palpation every 3 months and semi-annual mammary gland ultrasonography). (P5line17-19)

3) "we established a diagnosis of ASPS with left mammary and cranial metastases" - what happened with multiple lung metastases described earlier?

⇒ We modified the manuscript because there was insufficient description in "Case presentation".

Based on the above information, we established a diagnosis of ASPS with left mammary, lung, and cranial metastases. (P5line10-11)