Author’s response to reviews

Title: Ruptured Desmoid Tumor Imitating Acute Appendicitis – A Rare Reason for an Emergency Surgery

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Dear Reviewers,

We are grateful for your valuable comments and recommendations. As you rose some important points showing the need for a revision of the paper, the BMC editors gave us the opportunity to revise our manuscript again. So, we are so thankful for that.

Addressing the reviewers’ comments and explaining the changes in our revised paper:

Reviewer 2 (Reviewer 2): Reviewer comments: I think the Authors made a good effort to improve the manuscript quality. The paper reads much better and my comments have been addressed. Unfortunately I still have a major and a minor comment.

REQUESTED REVISIONS:

MAJOR: 1) I do not think the authors have clarified the general principle of desmoid treatment enough. In the discussion, I agree with the authors that they should not give a detailed review of treatment strategies. However they should give misleading messages and should consider what is suggested in the ESMO Guidelines (ref 5):1). Chemotherapy is not longer a second line therapy after tamoxifen and NSAID. In fact it is first line therapy in those cases that really need treatment. From ESMO guidelines: When the relevant issue is critical anatomic site, in the case of hormonal therapy failure or for aggressively growing, symptomatic or even life-threatening DF, chemotherapy is advisable. 2) Authors wrote that "In recent years, pegylated liposomal doxorubicin at a dose of 50 mg/m2 has become the
preferred choice”. I do not think liposomal doxo is preferred to vinorelbine/vinblastine + MTX combination (see ESMO guidelines).

MINOR: My previous comments and Authors answer: Page 4 line 55: I am not aware that laboratory tests are useful for a desmoid tumor follow up. The blood test cannot show specific changes that are characteristic of desmoid tumors or their recurrence. But these tests are valuable because they are part of the assessment of the quality of the patients' health. Therefore, the laboratory tests are included in the protocol for follow-up. I really think that this is a very generic and questionable explication: which are the blood tests that really assess the quality of patients health?

We appreciate your comments and recommendations.

About the major comments: we additionally specified the use of chemotherapy and rephrased the sentences about pegylated liposomal doxorubicin in accordance with ESMO guidelines.

Regarding the minor comment: the laboratory tests are included in the follow-up protocol for desmoid tumors which is accepted in our hospital (we cannot change that protocol). As we have already mentioned, the blood test cannot show specific changes that are characteristic only of desmoid tumors or their recurrence. However, these tests are valuable because they are part of the assessment of the quality of the patients' health (organ functions). For example, the laboratory tests include blood cells count and coagulation status, assessment of the liver, pancreatic and renal function performed by measuring the levels of amylase, AST, ALT, GGT, bilirubins, creatinine, urea, electrolytes, total protein and albumin levels, etc. Desmoids or their recurrence can compress or infiltrate the surrounding tissues and organs, and disturb their function which can lead to indirect deviation of the laboratory tests. These tests are also necessary in cases with medical therapy due to its possible organ toxicity.

Thankfully,

Yavor Asenov