Author's response to reviews

Title: Feasibility of axitinib as first-line therapy for advanced or metastatic renal cell carcinoma: A single-institution experience

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Reviewer's report:
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Reviewer's report:
Thank you for your patience whilst we make our final assessment to your manuscript. After reading through the latest version of your manuscript, and your responses to the referees, we feel that there is still room for further improvement. Our editorial requests have been included below for your attention.

1. Title and Objectives
The authors' objective are to study the effects of axitinib in a Japanese (albeit, single center) population, to evaluate the efficacy and safety of this drug as a first-line therapy in patients with advanced mRCC, since it has been previously reported that Japanese patients may exhibit a different response to axitinib, compared to Western patients. Therefore, contrary to referee 2's comments, we would actually like to ask the authors to revise the title of the manuscript, and also the 'background' section of the Abstract to make it clear that this study relates to a Japanese population. At the moment, we feel that these two areas in the manuscript are quite broad/vague and need further attention.

The authors revised the Title as follows;
Feasibly of axitinib as first-line therapy for advanced or metastatic renal cell carcinoma: A single-institution experience in Japan

The authors revised the following part in page 2, line 5:
as first-line therapy in Japanese patients with locally advanced RCC or mRCC.

The authors revised the following part in page 3, line 3:
as first-line therapy for locally advanced RCC or mRCC in treatment-naïve Japanese patients.

2. Comparisons to other Studies
Further to referee 2's comments, we don't agree that the authors have addressed their comment regarding other RCT publications including Asian participants well enough. In their revised paragraph, the authors state that these studies included 'few' Asian patients, but these studies have prospectively tested this drug in Japanese patients, but this isn’t really acknowledged in the authors' revisions. They don't discuss what their findings were, or how their own
outcomes build on this. We also don’t think 64 participants (reference 24), or 48 Asian participants out of 192 (reference 13) should be considered as ‘few’. For reference 27, in that study's abstract, it is reported that participants were also selected from a Japanese hospital. Therefore, we feel the authors need to include more discussion in their manuscripts on these points.
The “few” was not an appropriate expression for our statement. The authors revised the following sentence, page 14, line 18.
Although a large proportion of patients in other randomized control studies were recruited from North America and Western Europe, some few patients were recruited from Asia, but the number was not large enough. Therefore, axitinib as first-line therapy may provide a treatment option for selected Japanese patients with locally advanced or mRCC.

3. Copyedit
There are still several awkward sentences, so it is imperative that the manuscript is copyedited before we can proceed to accept the paper for publication. Unfortunately, we are unable to provide a copyediting service, however, we recommend that you copyedit the paper to improve the style of written English. If this is not possible, you may need to use a professional language editing service. For authors who wish to have the language in their manuscript edited by a native-English speaker with scientific expertise, BioMed Central recommends Edanz (www.edanzediting.com/bmc1). BioMed Central has negotiated a 10% discount to the fee charged to BioMed Central authors by Edanz. For more information, see our FAQ on language editing services at http://www.biomedcentral.com/authors/authorfaq/editing.
This manuscript has been edited and corrected by an experienced proofreader who is a native speaker of English. Please confirm the certificate that has been attached to the manuscript.