Author’s response to reviews

Title: Renal capsule metastasis from renal pelvic cancer: a case report

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Author’s response to reviews:

05 January 2018

Vitaly Margulis, MD
Editorial Board, BMC Urology

Dear Dr. Margulis:

Thank you for your recent e-mail and the provisional acceptance of our manuscript BURO-D-17-00182R1 entitled “Renal capsule metastasis from renal pelvic cancer: a case report”. Please find enclosed our revised manuscript for reconsideration of publication as a case report in BMC Urology.

We appreciate your comments and those of the reviewers, and we have addressed all comments below. All newly added text in the manuscript is shown in red font color.

Nicola Longo (Reviewer 1): Authors described an interesting and rare case of renal capsule metastasis from renal pelvic cancer. I only suggest to better clarify (with reference) the system classification used to grade urinary cytology.

Answer

We appreciate the reviewer’s instructive suggestion.

We have added the system classification and reference in the Case presentation, line 13, page 3 and in the References, line 10-11, page 11.
We have added the system classification in the Case presentation, line 3-4, page 4 and line 16, page 5.

Reina Haque, PhD (Reviewer 2): It is unclear what is the clinical significance of this case report, other than the metastases being rare. Perhaps the authors can widen the breadth of the paper to include other patients and how it can be determined if the new cancer is mets from the initial breast cancer or from another second primary cancer.

Answer

We thank the reviewer for pointing the valuable suggestion. We have added the sentence to clarify our contention in the Abstract, line 12-13, page 2 and in the Conclusion, line 4-6, page 8.

Agostino Mattei (Reviewer 3): Comments to the Authors:

The case of a renal capsule metastasis from renal pelvic cancer is interesting.

However, the authors should consider the following points:

Major comments:

Background:

The authors declare this case as being "rare", however, no literature search on this topic has been provided.

Answer

We thank the reviewer's comment. We have added the sentence to clarify our intention in the Background, line 4-5, page 3.

Case presentation:

Please explain the type of endocrine therapy which was applied for the breast cancer.

Answer

We thank the reviewer for pointing the inadequacy. We have added the type of therapy in the Case presentation, line 10, page 3 and line 17, page 5.

Please consider describing the sampled blood tests more accurately. "Almost all blood tests being normal" does not add relevant information to this case.
We thank the reviewer for pointing the inadequacy. We have added the blood tests in the Case presentation, line 13-15, page 3.

Concerning the patient’s death, please declare the details of "disease progression"

We thank the reviewer for pointing the inadequacy. We have added the details of "disease progression" in the Case presentation, line 13-18, page 5.

In general, no patient’s clinical features except for tumor-features have been offered. Please include more data.

We thank the reviewer for pointing the inadequacy. We have added patient’s clinical features in the Case presentation, line 11-12, page 3.

Discussion

Please gather more information regarding other relevant literature on renal capsule tumors. Reduce general well known facts on histopathology of urothelial cancers.

We appreciate the reviewer’s instructive suggestion. We have added the sentence in the Discussion, from line 13, page 6 to line 2, page 7. We have deleted the general well known facts in the Discussion, line 8-13, page 5 in the previous paper as described below.

Urothelial carcinoma of the upper urinary tract may spread via direct invasion into the renal parenchyma or hematogenous or lymphatic invasion [5]. The common sites of hematogenous metastases of this disease are the liver, lung, and bone, and those of lymphatic metastases are the renal hilar, para-aortic, paracaval, and interaortocaval lymph nodes. There were no signs of metastasis to these typical sites in the present patient.

Minor comments:

Try to re-arrange the contents of the case presentation in order to increase readability and comprehensibility regarding the origin of the renal capsule metastasis early in the text. It can be easily mistaken as being a metastasis of the previously described breast cancer.

We thank the reviewer for pointing the inadequacy.
We appreciate the reviewer’s instructive suggestion. We added the sentence in the Case presentation, line 9-10, page 4.

Satoshi Anai (Reviewer 4): Authors demonstrated the rare case of renal capsule metastasis from renal pelvic cancer. This case had ureter metastasis from breast cancer under treatment with the endocrine therapy. Ureter metastasis from breast cancer is also rare pathology. Authors should show the radiographic findings and the prognosis this pathology.

Answer

We appreciate the reviewer’s instructive suggestion.

We added the sentence in the Case presentation, line 4-5, page 4.

We added the sentence in the Case presentation, line 10-16, page 7.

Patients died of “disease progression” 2 years after nephroureterectomy. Which disease progression was the cause of death, renal pelvic or breast cancer? Authors should mention of this issue.

Answer

We thank the reviewer for pointing the inadequacy. We have added the details of "breast cancer progression" in the Case presentation, line 13-18, page 5.

All authors of this manuscript have contributed significantly to and are in agreement with the content of the manuscript and have read and approved the final draft. This manuscript has not been published previously in any form and has not been submitted simultaneously to any other journal. The authors declare no conflicts of interest, and this report did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. As the undersigned corresponding author, I take responsibility for the above statements.

Thank you for reconsidering our manuscript for publication in BMC Urology.

Sincerely,

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