Author's response to reviews

Title: Plectin as a prognostic marker in non-metastatic oral squamous cell carcinoma

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Author's response to reviews: see over
To Editor, BMC Oral Health

From Sonja E. Steigen, Department of Diagnostic Clinic – Clinical Pathology, University Hospital of North Norway, Tromsø, Norway and Department of Medical Biology - Tumor Biology Research Group, Faculty of Health Sciences, UiT The Arctic University of Norway, Tromsø, Norway.

Dear Editor,
Thank you for reviewing our manuscript MS: 1689717504163520 entitled: “Plectin as a prognostic marker in non-metastatic oral squamous cell carcinoma”, and giving us the opportunity to submit a revised version. The manuscript has been revised according to the suggestions by the reviewers as described below.

Comments by referee 1:
Major concerns:
1. The antibody used for detecting E-cadherin. Our antibody recognizes the cytoplasmic region of E-cadherin, while the referee would like us to perform the experiment with an antibody recognizing extracellular epitopes.

Response: We agree with the reviewer that the literature on E-cadherin staining can be confusing, and that this is caused to a large extent by the use of antibodies recognizing different regions of E-cadherin. We therefore wanted to include the data obtained using this antibody that recognizes the cytoplasmic domain and emphasize this point in the text. This antibody is validated in our Diagnostic Clinic lab and has also been recommended by the Nordic Immunohistochemical Quality Control (NordiQC). As this is the standard antibody used by many diagnostic laboratories, we wanted to use this in our study. The reviewer recommend that we should either repeat the study using a different E-cadherin antibody, or that we delete the E-cadherin data. We do not have the ability to execute a thorough validation on a new E-cadherin antibody at this point, and we therefore deleted all data concerning E-cadherin in this revised version.

2. Method of estimation of DSD should be provided in the statistics section.

Response: We have added method of estimation of DSD in the statistics section. Disease specific death (DSD) was defined as patients dying form causes related to the OSCC diagnosis. These data were obtained from the “Cause of Death registry in Norway.

Minor concerns:
1. The first paragraph in the discussion should be deleted.

Response: The first paragraph has been shortened, but not omitted, as we want to underpin that we have investigated a more homogenous group of patients than other authors.

2. Under abbreviations DSD should be listed.
Response: DSD has been listed under abbreviations.

Comments by referee 2:

Major compulsory revisions:
1. The study design is not mentioned, and it is not clear if this is a retrospective or prospective study.

Response: This is a retrospective study, and this has been adjusted in the first sentence in the Materials and methods section.

2. Is not mentioned for what the normal tongue mucosa is used.

Response: The normal tongue mucosa was used to compare staining pattern in healthy tissue with tumor tissue. This has been made more clearly in the paragraph about immunohistochemical staining in the result part.

Minor essential revisions:
1. The list of abbreviations is not complete.

Response: We have adjusted the list of abbreviations and included the ones that were missing.

2. Some acronyms are not explained in parenthesis.

Response: We have reviewed the paper and added explanations to acronyms.

We thank you again for providing us with the opportunity to resubmit the manuscript and we hope that our revisions meet the requests from the reviewers.

Sincerely,

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