Author’s response to reviews

Title: Health Related Quality of Life: a retrospective study on local vs. microvascular reconstruction in patients with oral cancer

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Point to point answer letter (OHEA-D-18-00580R1)

Dear Editor,

Thank you very much for revising our manuscript. We have tried to meet your requests as best as possible and trust that our corrections will meet with your approval.

The following sections are meant to be point-to-point responses to the objections raised. Amendments refer to the respective page and line in the manuscript.

1. The title abbreviation ‘OSCC’ has been changed to ‘oral cancer’ as suggested.
   - p.2, line 3.

2. The complete manuscript has been revised by a native speaker at our university.
The term ‘oral squamous cell carcinoma’ was used to avoid misleading interpretation about the type of tumor.

3. The introduction/background section has been extended.

4. The paragraph about the study design has been moved to the section ‘study design’.

5. We believe the diagnostic criteria as well as the inclusion and exclusion criteria to be well defined.

6. ICD codes have been provided for the respective anatomical body sites.

7. The described case has been reevaluated as oropharyngeal cancer. The tumor fitted the inclusion criteria since it was located in the overlapping anatomical site between the retromolar region and the oropharynx. Furthermore, the patient had been treated according to the guidelines on oral cancer regarding neck dissection, adjuvant therapies, and microvascular reconstruction. After consultation with our team, the anatomical site has been redefined as “retromolar region” and coded as C06.2.

8. Because the translation of the German term ‘alveolar’ may be misleading, the term has been changed to ‘alveolar mucosa’. Therefore, it should be clear that the study only included patients with squamous cell carcinoma.

9. The DGMK/AMWF guidelines are the German equivalent to the AAOMS, i.e. evidence-based guidelines for the therapy of oral cavity carcinoma. For better understanding, the sentence has been changed to ‘According to the current German guidelines for the treatment of cancer in the oral cavity’.
10. There were no further treatment modalities in our patient cohort. Univariate and multivariate analyses are completed.

11. Post hoc power analyses yielded a power of 0.98 on HRQOL. The investigated effect size of the T-status on HRQOL was moderate ($d=0.7$) (G*power). This statement has been added.

12. Tables 4 and 5 have been formatted in landscape view.

13. This part has been revised.