Author's response to reviews

Title: Efficacy of palliative radiotherapy for gastric bleeding in patients with unresectable advanced gastric cancer: a retrospective cohort study

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Author's response to reviews: see over
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Dear Editors and reviewers

We are grateful to the editors of *BioMed Central Palliative Care* and to the anonymous reviewers for the valuable comments and suggestions which enable us to further improve the quality of the manuscript entitled “Efficacy of palliative radiotherapy for gastric bleeding in patients with unresectable advanced gastric cancer”. We have read the reviewer’s and editorial comments carefully and made appropriate corrections. Revised portions are marked in red for reviewers and in blue for editor in revised manuscript. The main corrections in the manuscript and the responses to the reviewers’ and editorial comments are listed below.

Thank you very much for your attention to this manuscript. We look forward to hearing from you in the near future.

Sincerely,

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Reviewer 1

Reviewer's report Title:Efficacy of palliative radiotherapy for gastric bleeding in patients with unresectable advanced gastric cancer: a retrospective cohort study
Version:2Date:10 February 2015
Reviewer:Joshua Jones
Reviewer's report:
Minor Essential Revisions: The report submitted is an important comment on the role of palliative radiotherapy in the management of bleeding in patients with advanced gastric cancer.

The authors are to be commended for their efforts - they have posed and answered important questions about the time course of hemostasis and the durability of hemostasis for this group of patients with a poor performance status. However, there is one specific question that the authors fail to address in this report: a subset of patients received chemotherapy concurrent with radiotherapy. While statistical analysis of the differences between the patients who received concurrent chemotherapy and those who did not may not be possible given the small number of patients who received concurrent chemotherapy, it would still be important to characterize the question of concurrent chemotherapy in this patient population:

Answer: Thanks for your advice. We have added the information about chemoradiotherapy population in the manuscript. It was difficult to draw conclusive comments because of small number of the patients, we only showed the backgrounds and results of them.

What chemotherapy regimens were used (with concurrent radiotherapy)? It is unclear from the table which chemotherapy regimens were concurrent.

Answer: We have showed the chemotherapy regimens of concurrent chemoradiotherapy and subsequent chemotherapy in the manuscript.

Were there differences in the number of prior chemotherapy regimens among patients who received concurrent chemotherapy?
Were the patients who did not achieve hemostasis in the concurrent chemotherapy group?
Were the patients who had rebleeding in the concurrent chemotherapy group?
Was there any difference in survival among patients who received concurrent chemotherapy?

**Answer:** We have added the information about chemoradiotherapy group regarding the background and the results. However we gave up showing the precise data in the tables or figures. This is because our patients were so small in number that readers might misread the results.

In addition, it would be helpful to have information on platelet function in order to assess hemostasis and rebleeding.
The patient population in the study is heavily pre-treated with chemotherapy and may have thrombocytopenia - it would be helpful to know average platelet counts and whether patients who did not achieve hemostasis or had rebleeding had thrombocytopenia.

**Answer:** We have added the median number of platelet count in the part of treatment results and noted the information that thrombocytopenia was seen only in a patient with DIC. Thanks to your kind advice.

This is an important article and I anticipate that the answers to the above questions can be completed quickly. I also think that the answers to the above questions will significantly strengthen the paper, providing further information about the role of chemotherapy and other lab values in management of this patient population.

**Level of interest:** An article of importance in its field
**Quality of written English:** Needs some language corrections before being published
**Statistical review:** No, the manuscript does not need to be seen by a statistician.
**Declaration of competing interests:** I declare that I have no competing interests.

**Reviewer 2**
**Reviewer's report**
**Title:** Efficacy of palliative radiotherapy for gastric bleeding in patients with
The objective and clinical question of the paper are important, and the endpoints are appropriate. Most methods and results are appropriate and well done. According to recent publication, largest study for palliative radiotherapy for GC, including 103 patients with bleeding, Advanced Symptomatic Gastric Cancer in the Modern Era; Tey J. et al’s; Medicine, November 2014, should be included in reference and discussion.

Answer: Thanks for your advice. We have revised the issue you pointed out and added the reference you recommended as 17. (Highlighted in red in the revised manuscript)

The major The followings are my comments.

Major Compulsory Revisions
1. No need for major revision.

Minor Essential Revisions
1. Methods, Patients, 1st paragraph: The two patients should be included in analysis, or add no hemorrhagic shock before RT in the inclusion criteria.

Answer: Thanks for your kind advice. We could not make inclusion criteria due to retrospective nature of this report. However we have added the situation of hemorrhagic shock to the patients removed from this analysis, highlighted in red.

2. Methods, analysis, 2nd paragraph: The endpoint, hemostasis is almost well defined; however, no need for gastroscopy may be included in the definition as in Tey J. et al’s recent paper.

Answer: We have added the hemostatic definition about gastroscopy as you recommended.

3. Methods, limitations of the work: The result of time to hemostasis seems to be too short, which might mislead the readers. Most of the patients received other
modalities as described in treatment results, or gastroscopic procedure, it is better to be included.

Answer: Thanks for your advice. We have added to show the case of no hemostasis and the ways of rescue in the manuscript.

Discretionary Revisions
1. Table 2. The radiation dose better to be classified by median BED = biologically effective dose

Answer: We have showed the result of BED in table1 and the part of “Evaluation of the treatment and statistical analysis”.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests: I declare that I have no competing interests

Editorial Comments:

Editorial Comments:
Thank you for your revised manuscript. I have reviewed this and request the following minor revisions; 1. In abstract, line 8, page 1 - please clarify the definition of haemostasis relating to rise in Hb, and refer to performance status as ECOG.

Answer: Thanks for your advice. We have added ECOG to performance status in the abstract. However it was difficult to make a definition of Hb rise for evaluating hemostasis. This may be the same as the other previous reports as well. Over the level of 7.0 g/dL was the only definition of Hb in our report.

In text, line 1 of P8 is unclear regarding the 2 groups being compared; I suggest referring to the 'radiotherapy alone' group throughout the manuscript, rather than just 'radiotherapy'. This whole sentence is too long and difficult to follow. Please make clearer or consider presenting data in tabular format. When comparing the
RT alone group and concurrent chemoRT groups in the results and discussion sections, please use the word 'group' rather than 'each' only.

Answer: We added the characteristics of RT alone group and chemoRT group in table 1. In the manuscript we put the word “group” and “alone” with RT and chemoRT as many as possible.