Author’s response to reviews

Title: Analysis of uterine corporeal mesenchymal tumors occurring after menopause

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Version: 1 Date: 13 Dec 2018

Author’s response to reviews:

Technical comments

* Rename Introduction to Background and Materials and Methods to Methods only.

We renamed Introduction to Background and Materials and Methods to Methods.

* Remove Track changes.

We removed track changes.

Reviewer#2

1) In Material and Methods: why, if we are in 2018, has the patient review been done until 2014?

We are sorry for taking time to prepare a manuscript because we had many clinical works to do.

We also had to wait 1 year and 4 months for getting a result of review.
We hope you understand our situation.

2) I would like to better specify (including a table) the reasons for surgery in postmenopausal women. Table I shows "Clinical findings" but does not cover 100% of patients.

We added a table to explain the reasons for surgery in postmenopausal patients (Table 2).

In clinical findings, multiple symptoms were allowed to be included, on the other hand, some patients had no symptoms. As the reason for clinical findings did not cover 100% of patients, we hope Table 2 helps to understand.

We changed the sentence in Methods as follows;

Sense of distension, hypermenorrhea, dysmenorrhea, abnormal bleeding, and abdominal pain were examined as clinical findings, and multiple symptoms were allowed to be included. (line 74-76, page 4)

We added the sentences in Results as follows;

When we looked into the reasons for surgery in postmenopausal patients, 18 out of 40 (45%) patients underwent surgery because of suspicion of malignant tumors (Table 2). Of the remaining 22 patients, 19 patients had specific symptoms while 3 had no symptoms. Those without symptoms underwent surgery because the size of the tumors continued to increase despite being postmenopausal. (line 103-106, page 5)

3) In Table III, the comparison of the results of the MRI has not been made.

We added the results of the MRI to Table 4.

We changed the sentence in Methods as follows;

For postmenopausal patients, variables including age at menopause, BMI, tumor size, levels of several serum tumor markers, presence of abnormal bleeding, and presence of abnormal signal on magnetic resonance imaging (MRI) were further evaluated. (line 77-79, page 4)

We added the sentences in Abstract, Methods, Results and Discussion as follows;

On the other hand, the incidence to have abnormal signal on MRI was significantly higher in patients with malignant tumors than in patients with benign tumors. (line 42-43, page 2)
The abnormal signal on MRI was determined when characteristic imaging features were observed in tumors such as high signal intensity on T1-weighted imaging, high signal intensity on T2-weighted imaging or restriction on diffusion-weighted imaging. (line 81-83, page 4)

On the other hand, the incidence of showing the abnormal signal on MRI was significantly higher in patients with malignant tumors than in patients with benign tumors. (line 117-119, page 6)

In this study, all the postmenopausal patients of uterine sarcoma had abnormal signal on MRI. In contrast, abnormal signal was shown in 11 out of 29 patients (37.9%) of leiomyoma. Although the incidence of abnormal signal on MRI was significantly higher in patients with uterine sarcomas than in uterine leiomyomas, careful consideration is needed in diagnosing sarcoma. (line 175-178, page 9)