Author’s response to reviews

Title: Salvage Thoracic Surgery in Patients with Lung Cancer: potential indications and benefits

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Dear Federico Venuta, Associate Editor
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I would like to thank you on behalf of my co-authors. I appreciated the comments: A review of our paper has been made referencing the reviewer’s comments. The answers to the comments of the reviewers and the new relevant changes are listed below, and highlighted with yellow in the manuscript. We would like to thank the reviewer for the efforts given to improve our paper.

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Name of the manuscript: Salvage Surgery in Patients With Progression of Lung Cancer After Definitive Chemo- and/or Radiotherapy: Is It Really Salvage?
About the comments of the reviewer 1:

Comment 1: Title of the paper “Salvage Surgery in Patients With Progression of Lung Cancer After Definitive Chemo- and/or Radiotherapy: Is It Really Salvage?” should be probably changed because, as you mentioned, you also include in your series patients in whom chemo and radiotherapy was considered to be contraindicated and those requiring palliative surgery.

Answer 1: We would like to thank to reviewer for identification of this important point. It is true that our study population was not homogenous. That is why we changed the title of the paper as “Salvage Thoracic Surgery in Patients with Lung Cancer: potential indications and benefits”.

Comment 2: In “results” you reported pneumonia as the most common complication (40%). Do you routinely use an antibiotic protocol? Based on your results, do you think it should be reviewed in these selected patients?

Answer 2: We routinely administered ampicillin/sulbactam and ciprofloxacin as prophylaxis in every patients in this study. As a routine we obtained and examined sputum sample from each patient when there is an increase in C-Reactive protein (CRP) or leukocytosis or fever. When an addition persistent hypoxia or infiltration in chest x-ray occur we obtained low dose chest CT in addition to sputum culture to use different antibiotics according to sputum examination. We added this statement in the materials and methods section. In addition to reviewers comments, we placed a recomendation an below into part discussion.

About the comments of the reviewer 2:

Comment 1: It should be interesting to know what kind of operation has been performed in the two patients died after 2 and 3 months for cardiac failure.

Answer 1: We added relevant information in the result section, as suggested by the reviewer. “These patients had undergone right upper lobectomy with chest wall resection and reconstruction and partial vertebral corpus resection, and left upper lobe bronchial sleeve lobectomy, respectively.”

Comment 2: A statistical analysis with multivariate analysis should be perfotmed.

Answer 2: We were unable to perform multivariate analysis because we had a small series in our study (22 patients group 1, three patients group 2, five patients group 3). To replace this insufficiency we performed simple statistical methods including Fisher’s exact test, t-tests, one-way analysis of variance followed by Tukey’s test, and Kruskal–Wallis test, trying to be as appropriate as possible. We believe, the number of patients is not enough to perform multivariate analysis. Thus no change performed.

Comment 3: There are some little problems with punctuation.

Answer 3: We revised the grammar of our manuscript and corrected punctuation errors we detected.
Note: We highlighted additional change performed during the reviewer.