Author’s response to reviews

Title: Ground-glass opacity heralding invasive lung adenocarcinoma with prodromal dermatomyositis: a case report

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Reviewer #1:

1. Is it correct to consider this lesion as a GGN? Findings from chest CT and pathologic report (lepidic 5%, N1) are not common in ground glass nodules. If you think this lesion is a GGN, please mention the ratio of the solid portion in chest CT and pathology. As you know, the solid portion of GGN is always important factor to define the characteristics of a GGN.

The GGN and solid proportions of the lesion are estimated to be 85% GGN (15% solid) four years prior to presentation (left panel of Fig. 2) and 10% GGN (90% solid) on the date of presentation (right panel of Fig. 2). The text has been amended to reflect this information.

2. Was this lesion not shown visceral pleural invasion? The invasive ADC seems to be adhered extensively to the fissure, in this case pathologic staging is T2a.

Pathology noted pleural thickening, but they did not find visceral pleural invasion. Most of the nodule was ground-glass; perhaps this is why it abutted the fissure but did not invade the pleura.

3. This journal does not limit the number of references in the case report, but 95 references are considered excessive. Could you organize and reduce the number of references?
We managed to reduce the reference count by 25. We wish to point out that >40% of the remaining references are required for the analysis of DM-associated lung cancer histology presented in Table 1, and of which only four are used separately to support arguments made in the body of the paper. Should further bibliographic reduction be desired, then perhaps the large number of table-specific references could be somehow separated from the main bibliography?

Reviewer #2:

N/A