Author’s response to reviews

Title: A case of Ewing's sarcoma in a patient with a diagnostic dilemma: a case report and review of literature

Authors:

Nazia Mashriqi (naziamashriqi@yahoo.com)
Jayakranthi Gujjarlapudi (gujjarlapudikranthi@gmail.com)
Jagmohan Sidhu (Jagmohan_sidhu@uhs.org)
Michael Zur (michael_zur@lourdes.com)
Madhuri Yalamanchili (myalaman@yahoo.com)

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EXPLANATION TO FIRST REVIEWER’S QUESTION

1. Patient was referred to a tertiary care center for surgery, once Ewing’s diagnosis was confirmed. Due to parametrial and vaginal involvement on MRI, the center performed TAH+BSO and resection of bilateral parametrium and upper vaginectomy with clear margins. They did not perform pelvic lymph node dissection for unclear reasons.

2. Information regarding histopathologic finding of TAH+BSO have been included and we added that the tumor extended into the right parametrium (additional focus other than the cervix)

3. In case presentation pathologic stage has been added. We mentioned that margins were clear suggesting that the disease has been completely resected.

CORRECTIONS MADE BASED ON SECOND REVIEWER’S COMMENTS

ABSTRACT AND CASE PRESENTATION:
1. Stage of the disease has been added. In case presentation we added that the margins were clear suggesting that the disease has been completely resected.
2. In case presentation the dose of radiation and response to chemoradiation has been addressed
3. Key words: case series has been deleted

INTRODUCTION:
1. Appropriate references have been added numerically in serial order in the text
2. Suggested changes have been made to the last line in introduction

CASE PRESENTATION:
1. Figures have been mentioned in serial order.
2. Stage, radiation therapy and chemotherapy doses and schedule have been included.
3. Histopathological findings of TAH+BSO have been added.
4. Adjuvant chemo regimen and cycles have been added.
5. Duration of follow up, time frame for development of metastasis and sites of metastases have been included.
6. As per the article submission guidelines of the journal, the abstract did require a conclusion, hence a brief conclusion ended up before the discussion. The article also has a conclusion at the end of discussion

DISCUSSION
1. Discussion has been shortened
2. References have been added in the table next to the corresponding author’s name
3. References have been added numerically in the text.
4. The line “we noted a bimodal peak………..” has been deleted as recommended by the reviewer.
5. The recommended references have been included.
6. The number and percentage were included in brackets next to stage. The outcome correlation to stage has been added to the treatment section.
7. The sentence has been removed and correlation of stage to prognosis has been addressed in the treatment section.
8. The beneficial role of PET in diagnosis and management has been included.
9. Paragraph on CA-125 has been deleted.
10. References have been adjusted in serial order in the entire article.
11. The sentence has been rewritten as suggested by the reviewer.
12. References for cytogenetics, FISH and RT-PCR have been included.
13. Sentence has been edited as suggested.
14. Sentence has been edited as suggested.
15. The data on how many patients underwent lymph node dissection and their survival has been included. A comment on the role of LND in PNET of cervix has been added.
16. Paper has been edited to avoid monotony
17. The details on radiation therapy, intent and dose have been included. Local recurrence cases have been added.
18. Baldini et al … reference has been added to manuscript and reference list
19. Conclusion has been written after discussion, however, the abstract also has a brief conclusion as the article guidelines required a conclusion in the abstract section also.
20. MRI images of better quality have been submitted
21. Full forms of abbreviations have been mentioned under the table.