Author’s response to reviews

Title: STRATEGY FOR THE TREATMENT AND FOLLOW-UP OF SINONASAL SOLITARY EXTRAMEDULLARY PLASMACYTOMA: A CASE SERIES

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Version: 2 Date: 18 Mar 2017

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Dear “Journal of Medical Case Reports” Editor,

I wish to thank you for your email received on 2017/02/16, giving me the possibility of resubmitting my revised manuscript “Strategy for the treatment and follow-up of sinonasal solitary extramedullary plasmacytoma: a case series”, and for your precious advices for my revision.

The paper always contains 14 pages including references and figure legends.

I don’t agree with the comment of Reviewer #2 because the subject of this paper (solitary extramedullary plasmacytoma - EMPs) is an interesting topic for the scientific literature because of its rarety and poor data on its long term follow-up. In addition, in the literature there is the lack of randomized clinical trials, and a propensity toward case reports. So a debate continues to exist regarding the optimal management of solitary EMPs of the sinonasal tract. In fact this paper provides specific insight on the multidisciplinary follow-up of the EMPs.
Moreover, I have performed the minor essential revisions suggested from Reviewer #3 as follow:

1. the English language was re-edited.

2. Would please define the dimensions of the masses seen in patients’ nasal cavities:
   - Line 19 on page 4 Case 1, I have added in red “with dimension greater than 4 cm”
   - Line 6-7 on page 5 Case 2, I have added in red “not easy to excise with dimensions greater than 3.5 cm”
   - Line 56 on page 5 Case 3, I have added in red “(size about 5 cm)”

3. Because EMPs are radiosensitive tumors, so radiotherapy has traditionally been the mainstay of treatment. Local control rates of 80% to 100% have been reported with moderate-dose radiotherapy, with the optimal radiation dose between 40 and 60 Gy. Surgery is indicated for tumors that are localized and can be excised easily, although this is often difficult for EMPs originating in the sinonasal tract, due to the proximity to vital structures and the risk of poor cosmetic results.

4. Because radiotherapy alone is the mainstay of treatment for EMPs due to the marked radiosensitivity. Moreover chemotherapy is not considered a first line therapy for sinonasal EMPs. In fact chemotherapy regimens are tipically reserved for disseminated disease, as a second-line treatment option for recurrent disease, or to delay the conversion to MM, although even these indications are controversial.

Moreover, to better clarify some concepts, I have rewritten the lines following:
Line 11 on page 2 in the abstract I have added “conversion rate”
Line 23 on page 2 in the abstract I have eliminated “the”
Line 26-27 on page 3 in the background I have eliminated “at diagnosis”

Line 35-36 on page 3 in the background I have eliminated “the time of”.

Hoping to have implemented your advices correctly and to have improved the scientific message of our paper.

My best regards,

Dr. Antonella Miriam Di Lullo, M.D.