Author’s response to reviews

Title: Nivolumab Induced Remitting Seronegative Symmetrical Synovitis with Pitting Edema in a Patient with Melanoma: A Case Report

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Reviewer 2- thank you for your consideration. You are absolutely right with the references being out of order. It was due to our citation management software and has been corrected. In addition, we added the plain film of the hands to demonstrate the difference between apparent pathology between ultrasound and xray. Furthermore, methotrexate has not been studied in this scenario and it is unclear what the outcome would be. Would it tip the scales in favor of immunosuppression and worsen the malignancy? Our mentality was simple, keep the patient malignancy and symptom free with minimal steroids. We achieved that without having to experiment with methotrexate.

Reviewer 3- thank you for your consideration. You are absolutely right with the references being out of order. It was due to our citation management software and has been corrected. We also added the dosing of the regimen of immunotherapy for both the nivolumab and ipilumimab. At the time when we submitted our manuscript (August 2017) there was only ONE prior case reported in the literature. The speed of publication of this topic is outpaced at other journals it seems. Finally, there are no guidelines on treating the rare side effect of immunotherapy such as ipilumumab or nivolumab. There are case reports only and in those case reports it was used to treat colitis. This did not apply to the patient. We think that our case report will add to this lacking area of literature. We kept the case report as focused as possible. The labs, vitals, physical exam findings and imaging findings are all pertinent to a differential diagnosis applicable to this patient. We opted to utilize bedside ultrasound as it is a faster and more cost effective method to look for tenosynovitis. Adding MRI after ultrasound would not change management but impact the cost of care. Demonstration of resolution of nodules or presence of nodules with immunotherapy was not the focus of our report. Our report's focus was on the rare side effect of immunotherapy and how we managed it in a novel way. As you and reviewer 2 mentioned before in your comments, images/data that are not useful should not be included. Some of our references on RS3PE are older but still relevant as not much new understanding has been added to it since 1999.