Author's response to reviews

Title: Rare Clinical Experiences for Surgical Treatment of Melanoma with Osseous Metastases in Taiwan

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Dear editors:

This is a resubmission of the manuscript MS: 5732560801359499
MS: 5732560801359499 Rare Clinical Experiences for Surgical Treatment of Melanoma with Osseous Metastases in Taiwan
Kuo-Yuan Huang, Chrong-Reen Wang and Rong-Sen Yang
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Thanks very much for your valuable comments and suggestions. We have obtained the ethical approvals for our study. We are pleased to submit a revision of the above-cited manuscript. The manuscript has been revised taking into consideration the comments and suggestions of the reviewers. We thank them and you for the time and attention to our manuscript, and hope that the revision will be judged acceptable for publication in BMC Musculoskeletal Disorders.

Below, we present our point-by-point responses to the reviewer's comments.

Reviewer: Sean Scully

Minor essential revisions

1. In page 8, Line 9~11: We have added "External beam radiotherapy is effective in preventing local recurrence of malignant melanoma and can provide palliative treatment for metastatic melanoma [23]."

2. In page 8, Line 28 to Page 9, Line 9~11 We have added "Bisphosphonates, such as pamidronate and zoledronic acid, have been used for palliative therapy in patients with osteolytic lesions metastasized from multiple myeloma or metastatic breast cancer. The aim is to prevent or delay the onset of skeletal complications [26,27]. Moreover, bisphosphonates have reduced bone pain in patients with bony metastases [28]. Zoledronic acid has demonstrated efficacy in the treatment of bone metastases in patients with prostate cancer, lung cancer or other solid tumors [26]. The bisphosphonate pamidronate induces apoptosis in
human melanoma cells in vitro [29]. In an in vivo animal study, incadronate inhibited bone resorption by increasing numbers of apoptotic osteoclasts [30]. In addition, incadronate can substantially suppress the growth of human melanoma cells, increase the numbers of apoptosis of tumor cells and decrease the tumor-associated blood-vessel density [30]. Therefore, bisphosphonate therapy might be an alternative to surgery or an adjuvant treatment for osseous metastatic melanoma in the future."

3. It is not feasible for us to include cases that were treated non-operatively and compare the outcome with those treated surgically. All our cases had the pathological proof of osseous metastases. However, definite diagnoses for cases suspected of being osseous metastases that were treated non-operatively could be confirmed due to the retrospective nature of the study.

Sincerely yours,

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