

## Format for ANSWERING REVIEWERS

January 15, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 14228-review.doc).

**Title:** Synchronous carcinoma of head and neck: 2 cases report.

**Authors:** Ali Mardassi, Nabil Mathlouthi, Nawel Hlila, Chiraz Halouani, Sameh Mezri, Cyrine Zgolli, Ghassen Chebbi, Rania Ben Mhamed, Khemaies Akkari and Sonia Benzarti

**Name of Journal:** *World Journal of Otorhinolaryngology*

**ESPS Manuscript NO:** 14228

The manuscript has been improved according to the suggestions of reviewers:

### Reviewer n° 00503773

- Abstract: Well, summarizing the topic

R: (no suggestion of corrections)

- Introduction: Adequate.

R: (no suggestion of corrections)

- Discussion: Adequate.

R: (no suggestion of corrections)

- References: References are appropriate and updated.

R: (no suggestion of corrections)

- Figures: Figures are reflects the major findings of the study, and they are appropriately presented.

R: (no suggestion of corrections)

- This study is clearly presented but, there are typological errors in the manuscript. Primitive should be corrected as primary.

R: a grammatical revision of the manuscript have been made

- After minor revision, I think that this manuscript is suitable and worth to be published in the World Journal of Otorhinolaryngology.

R: OK

Reviewed by 00503703

Please provide a tumor stage (TNM) for each one of the tumors presented in the manuscript.

R: TNM classification was provided for the 2 cases.

How did the authors complete staging for the first and second malignancies in each case?

Please provide details of the diagnostic procedures used for staging in your department.

R: Clinical (palpation of the cervical lymph node, nasal endoscopy and examination of the oral cavity)

Radiology: CT scan of the cervicofacial and thoracoabdominal regions

Endoscopy of the upper aerodigestive tract under general anesthesia

NB: The procedures for the staging were detailed in the manuscript for each patient

Regional (cervical) lymph nodes in patients with HNSCC should be examined by means of neck ultrasound or CT of the neck. Palpation may miss small metastatic lymph nodes. The authors should provide information on whether these tests (ultrasound / CT) were performed in these 2 patients during diagnostic work-up of the first and second cancers.

R: For head and neck carcinomas, we associate systematically clinical examination (palpation) of cervical lymph nodes to cervicofacial CT-scan. (It was highlighted in the manuscript)

The authors should comment on the role of endoscopic assessment of the upper digestive and respiratory tracts under anesthesia, especially in the case of the patient with nasopharyngeal carcinoma.

R: endoscopy of the upper aerodigestive tract under general anesthesia was performed for the patient with nasopharyngeal carcinoma. A comment in the discussion was done and a reference related to this procedure was added.

In the reference list some recent interesting studies involving specifically second primary tumors after head and neck cancer should be included (e.g. Zidar et al. 2010 J Laryngol Otol, Megwalu & Shin 2011 Otolaryngol Head Neck Surg among others).

R: These 2 references have been used in the discussion and added to the reference list.

Additionally, the discussion (and the respective references) should be solely concentrated on the specific information involving second primary cancers arising after cutaneous SCC and mucoepidermoid salivary carcinoma of the head and neck region as first cancers.

R: through our 2 observations, we tried to analyze and comment the particularities, the diagnostic and therapeutic features of synchronous carcinomas of head and neck in general to insist on the importance of an accurate staging of the tumor at the time of diagnosis but also during the follow-up. Thus, we didn't concentrate only on cutaneous SCC or mucoepidermoid salivary carcinoma.

Thank you again for publishing our manuscript in the *World Journal of Otorhinolaryngology*.

Sincerely yours,

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