

Responses to the comments from reviewer #0370441

This is a case report of a metastatic HNSCC subject, where a recurrent mass was regressed following treatment with Erlotinib, a well established EGFR inhibitor. My comments are provided below.

1. The authors did not mention why Erlotinib was selected as a targeted treatment for this subject? Was the subject detected with high EGFR protein expression in the metastatic tissues (PDSCC as described), which could be due to presence of known or new EGFR mutation or amplification (more common in HNSCC) in the metastatic tissues?

Response: We have added in page 9 “Treatment” section that due to patient’s preference and literature support (see discussion), erlotinib treatment was started. We did not perform EGFR protein expression or genomic alternation study.

2. Was the subject presented in this study harbored MAPK1 E322K mutation as discussed by the authors (ref 17)?

Response: We did not perform next-generation sequencing on tumor block. Therefore it is unknown if patient’s tumor harbored MAPK1 E322K mutation.

3. Some histopathological images (H&E) of the metastatic mass and lymph nodes would be very useful for the readers.

Response: Because the pathology specimen is put away in archiving storage, we are not able to take photographs of histopathological images (H&E).

4. What was the recurrence status of the subject after 2 years? What was the reason for his death?

Response: We have added in page 9 “Outcome and follow-up” section that “Subsequently he succumbed to death due to postoperative complication with respiratory failure after resection of an ulcerating skin lesion at right clavicular head”.

5. Was the patient HPV-16 positive? Information on smoking, drinking, family history of cancer should be provided if available.

Response: We did not perform HPV testing in the tumor block. We have provided information on smoking, drinking, and family history of cancer on page 8.

6. It is not clear what is meant by “complete response or remission” by the authors. Regression of the right neck mass does not necessary means complete disappearance or regression of all the metastases (loco-regional and distant), which remained undetected. Also, it is very unlikely that all the metastatic cells would be responsive to Erlotinib treatment. The authors should modify the statement accordingly.

We have used “complete response” instead of “complete remission” in our case report due to clinical findings of disappearance of all the visible tumors by imaging study. We have added Fig 2B to show the status of complete response seven months after discontinuation of erlotinib.

Responses to the comments from reviewer #00646287

Comments manuscript 45205 The manuscript illustrates the effectiveness of an emerging therapy, however, it needs improvement as detailed below: Introduction Grammatical Error: “Overexpression of EGFR and its ligand has been reported in 80% to 90%” –change “has” to “have” Grammatical Error: “has been reported to be predictors of worse survival”- change to “a predictor of” Case presentation Error: “was in situ melanoma”-change to “in-situ” “PET” – This is incomplete, write as 18F-FDG PET-CT “CT”- This is incomplete, write as “Contrast-enhanced CT (CECT)”. Change to “CECT Neck” elsewhere in the manuscript also. ‘Shortly after postoperative radiation’ Prior to this, please add a line detailing the radiation given. Grammatical Error: “He had remained”- change “had” to “has” Discussion Several minor grammatical errors which need correction. The authors should attempt to tabulate the published reports/studies on Erlotinib in SCCHN. Figures and Legends The Figures and legends need improvement. A help of a radiologist maybe taken to describe the abnormalities in standard terminology, detailing nodal station, size and morphology. Also, further cropping of the image is required. In fact, the number of images can be increased with images labelled as subparts “a,b,c,etc” to show the different levels of nodes involved, and the subsequent follow-up.

Responses:

We have corrected grammatical errors as pointed out by reviewer and in discussion section. We have added Table 1 to summarize the outcome of single-agent EGFR TKI including erlotinib in recurrent/metastatic SCCHN. We have revised the figures and legends based on reviewer’s comment and assistance of radiologist.