

## Answers to the reviewers

### Reviewer 03369497

1.- Effectively hypothalamus is not implicated on intravesical chemohyperthermia. It was mentioned only as a part of the introduction because in other types of hyperthermia (as whole body) its responses have influence in the treatment. Any way, the whole phase was retired

2.- I agree reviewer that the use of salvage CHT after BCG failure is an option which should be evaluated. However, it remains a long way to be considered as a consolidated option both as a mono treatment or associated to immunotherapy (BCG, Interferon...)

On the excellent paper of Witjes A, et al(1). The eighteen patients treated were divided in only two groups: **prophylactic** schedule (twice 20 mg MMC), and 33 patients received the **ablative** schedule (twice 40 mg MMC) together with intravesical hyperthermia.

We are really sorry about not fulfilling reviewer modification, however, we respectfully prefer not to modify our initial description.

1.- World J Urol. 2009 Jun; 27(3): 319–324. Intravesical hyperthermia and mitomycin-C for carcinoma in situ of the urinary bladder: experience of the European Synergo® working party J. Alfred Witjes, Kees Hendricksen, O. Gofrit, O. Risi, and O. Nativ.

### Reviewer 03618990

1.- We only speak English as a second language so that certain errors of syntax or grammar can appear in the text we have decided to hire the correction services of the own editorial to correct them

2.- To perform this paper, we reviewed all major basedata available on internet (MEDLINE, Embase, Cochrane Library, Web of science and ClinicalTrials.gov) including both clinical trials as general reviews. This information was added to the text.