

Cover Letter. Requested Editorial ID (02525514)

Updated manuscript after reviewers comments

Dear Editor,

It is my pleasure to submit to your prestigious journal *World Journal of Clinical Oncology* the updated version of the editorial requested with ID number 02525514 entitled “Translating new data to the daily practice second line treatment of renal cell carcinoma: the role of tumor growth rate (TGR)”

We addressed all aspects highlighted by the reviewers:

Reviewer #1: “There are few minor mistakes which should be corrected before final submission. My observations are as below: 1. There is probably a typing mistake in title. To the best of my understanding the title should be: Translating new data to the daily practice in second line TREATMENT of renal cell carcinoma: the role of tumor growth rate (TGR) Similarly, the running title should be: Current second line TREATMENT of metastatic RCC patients 2. There are a few minor typing mistakes scattered throughout the manuscript, therefore it should be carefully proofread.”

Response to reviewer #1: We appreciate your comment. We have changed both the title and the running title and now they say like this: “Translating new data to the daily practice in

second line treatment of renal cell carcinoma: the role of tumor growth rate (TGR)” and “Current second line treatment of metastatic RCC patients” respectively.

In addition, we have double checked the English grammar in accordance by a native speaker and we did some minor changes of style throughout the text that are highlighted with the tracker in the attached file.

Reviewer #2: “This is a good synopsis of the current practice in managing patients with metastatic renal cell cancer. The paper would be enriched if the authors could put in a paragraph about recent advances and newer drugs useful in managing these patients.”

We have added to the text the following paragraph to address this issue: “Lastly, we highlight the upcoming availability of novel immune agents such as ipilimumab, atezolizumab, pembrolizumab either as single agent or in combination that might impact in the first line setting of patients with advanced RCC. Therefore, it is very likely that second line landscape of metastatic RCC may change shortly. Adaptation to the clinic of the amount of new data that are expected in a short term promises to be challenge.”.

We hope that the manuscript would be accepted now for publication in *World Journal of Clinical Oncology* after the comments and suggestions performed by reviewers.

With my warmest regards



Yours sincerely,

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