Lian-Sheng Ma, President and Company Editor-in-Chief World Journal of Respirology (*WJR)*

ESPS Manuscript NO: 7017

Dear Dr. Lian-Sheng Ma,

Thank you for your letter dated November 22, 2013. I am most grateful to you for having reviewed our manuscript entitled "A phase II trial of adjuvant chemotherapy with tri-weekly carboplatin plus docetaxel in patients with completely resected non-small cell lung cancer" to be considered for publication in *WJR*. We are grateful for your suggestions, which have helped us to improve our paper. We have tried to shorten our manuscript to make it more concise for the readers, and we have responded to every point made by the reviewers, as follows:

Reviewer #1

This is an article showing the results of adjuvant chemotherapy in a two-stage multi-center phase II study. The study concludes that adjuvant chemotherapy with CBDCA AND DTX is useful and has an acceptable toxicity. It is a descriptive work in a single arm of 67 patients with a well designed and implemented methodology (inclusion and exclusion criteria, pretreatment and treatment schedule). Statistical analysis is correct. The main limitation of this study, as the authors pointed out, is the short number of patients included. This is nevertheless an interesting work demonstrating the feasibility of this adjuvant chemotherapy treatment in patients with NSCLC.

Thank you for above comment.

Reviewer#2

1. Please explain why only 3 courses of adjuvant chemo were given. The standard number of adjuvant courses is 4.

The standard number of adjuvant courses is 4 as reviewer's opinion for the patients with advanced NSCLC, However, median number of courses is 3 in pivotal study in Japan (Ohe Y, et al. Randomized phase III study of cisplatin plus irinotecan versus carboplatin plus paclitaxel, cisplatin plus gemcitabine, and cisplatin plus vinorelbine for advanced non-small-cell lung cancer: Four-Arm Cooperative Study in Japan. Ann Oncol. 2007;18:317-23). Buccheri et al reported a failure of sufficient therapeutic benefits to justify the increased cost and toxicity of continuing treatment in NSCLC patients beyond 3 courses (Buccheri GF, et al. Continuation of chemotherapy versus supportive care alone in patients with inoperable non-small cell lung cancer and stable disease after two or three cycles of MACC. Results of a randomized prospective study. Cancer. 1989;63:428-32). Furthermore, there might be some large differences between intense chemotherapy for the patients with a tumor burden and the adjuvant setting

for the post-operative patients that are macroscopically tumor free (Sugaya M, Uramoto H, et al. Phase II trial of adjuvant chemotherapy with bi-weekly carboplatin plus paclitaxel in patients with completely resected non-small cell lung cancer. Anticancer Res. 2010;30:3039-44). In fact, maximum of three cycles was set in recent clinical trial for the patients with completely resected NSCLC at adjuvant setting (Kometani T, kunitoh H, Shimada N, et al. A randomized phase II trial of adjuvant chemotherapy with docetaxel (DOC) plus cisplatin (CIS) versus paclitaxel (PAC) plus carboplatin (CAR) in patients with completely resected non-small cell lung cancer (NSCLC) (TORG0503). ESMO 2010 # 4081). Therefore, we decided 3 courses of adjuvant chemotherapy and described "A dose of 60 mg/m^2 DTX and CBDCA area under the curve (AUC) of 5 were given intravenously on days 1 and every three weeks for a maximum of three cycles [19]."in treatment schedule and trial design.

2. Grade 4 neutropenia of 66% is excessive. This is even more than your grade 3. Is this a mistake? If so, this would explain the rare neutropenic faver.

Worst adverse events that occurred in the present study were shown in Table 3. The reason of rare neutropenic fever might be due to appropriate management. We agree with your kind suggestion, and have now omitted the phrase "acceptable toxicity" in the text.

Your detailed review of this manuscript is greatly appreciated and we have attempted to answer all of your questions. We feel that the findings from this study will be of special interest to the readers of *WJR*. We affirm that these results have neither been published nor submitted for publication elsewhere, and authorize the publisher to hold the rights to use any information stated in this paper. All the authors have read the manuscript and have approved this submission. The authors report no conflicts of interest. Thank you again for your kind advice and the generosity with your time. We hope that the present version of the manuscript can again be considered for publication in *WJR*. We are looking forward to your response.

Respectfully yours,

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