

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 11291-review.doc).

**Title:** Using FDG PET to Monitor Neoadjuvant Chemotherapy Response in Sarcoma: A Meta-analysis

**Author:** Yu-ting Wang\*, Hong Pu, Long-lin Yin, Jia-yuan Chen.

**Name of Journal:** *World Journal of Meta-analysis*

**ESPS Manuscript NO:** 11291

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

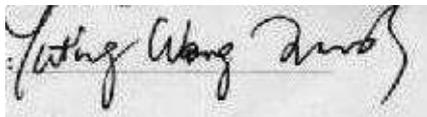
- 1 The titles have been revised to meet the requirement of word account.
- 2 Format has been updated according to the requirement of meta-analysis.
- 3 Figure 1 has been changed into decomposable format according to the editor's suggestion.
- 4 Revision has been made according to the suggestions of the reviewer 02683233:
  - (1) It's true that there's lack of an agreed standard for assessing PET response to chemotherapy; that's why you can see different criteria listed in TABLE 1, and a reduction in SUV of 2.5 was just one standard of several. In the discussion section, we specifically raised the issue of candidate parameters for quantitative evaluation. Six studies used post-treatment SUV and eight trials relied on SUV reduction rate as response standard. Prospectively designed studies that include and compare both parameters directly could generate some vital knowledge and clues regarding this issue, as we emphasized in discussion section.
  - (2) The meaning of "pathological" response to therapy has been more specifically clarified in the second paragraph of introduction section: necrosis of more than 90%, as most studies employed.
  - (3) Cure rates have been more specifically displayed according to different patient groups (OS and ES vs. STS), as we compared the two groups later in the statistic analysis.
  - (4) It's true that patients with OS and ES face choices of different chemotherapy schedules, and that's exactly why we need to monitor the responses to their current schedule, deciding whether it's working and whether it needs to be switched. Although OS and ES have different recommended chemotherapy schedules, it's reported in clinical practice that addition of ifosfamide could improve patients' survival in both OS and ES, which makes ifosfamide's effect on PET scans more noteworthy. This has been emphasized in the "possible cause of misjudgment" paragraph of discussion section.
  - (5) In the first paragraph of method section, we have clarified that discrepancies were resolved after discussion of the two reviewers who conducted the literature search.
  - (6) The QUADAS tool is currently widely used for the quality assessment of studies of

diagnostic accuracy included in systematic reviews. It measures the methodological quality of clinical studies regarding diagnostic modalities by fourteen items at most, each can be answered by "Yes" or "No" or "Unclear", by which scores are calculated. The higher the final score is, the higher the methodological quality of the corresponding clinical study has.

5 We have double checked the exact numbers in tables and text; minor mistakes and miswriting have been corrected, as displayed in the revised manuscript.

Thank you again for publishing our manuscript in the *World Journal of Meta-analysis*.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Jiating Wang" followed by a stylized flourish.

For the second version named "11291-review2-no-figure", we're sorry for the confusion brought by the similarity issue and here we'd like to clarify a few things:

1. Since meta-analysis has a relatively standard statistic method to follow, especially for diagnostic studies (e.g., such meta-analysis would mostly assess the methodological quality employing some widely-used measurement tool, like QUADAS), it's likely that overlaps of text would appear, especially in the "Method and material" section and narrative order of the "Results" section.

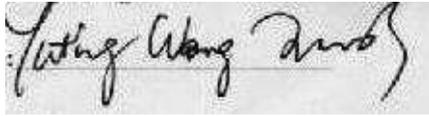
When you mention "reasonable citation was deemed when the number of overlapping words for a paper with the literature does not exceed 200 (or < 5%)." Do you mean overlap words with one reference paper does not exceed 200 (or < 5%), or overlap words with all reference papers does not exceed 200 (or < 5%)? Because the later would be of some difficulty for our type of paper, and we would really appreciated it if editors show some consideration for this situation.

2. As you can see from the Crosslink report, the biggest overlap came from the "Method" section of my own precious paper, which explored similar indications of PET for different diseases. We've revised our current manuscript thoroughly, but there are some aspects that we feel difficult to avoid. For example, some words are a set phrase, such as "FDG-PET", "response to pre-operative chemotherapy", which would be difficult to understand if I write it differently. Some are explanation of a generally used statistic method, such as "The heterogeneity among studies was analyzed using Chi-squared test.". Some are plain narrations of the key results, such as "The pooled sensitivity, specificity, and DOR were..." "the sensitivity, specificity and DOR with 95% of confidence interval (CI) for each individual study were...". We'll try our best to avoid overlaps, though, and certain tolerance of the editors would be really kind.

3. The Crosslink reports showed some similarity of material from a general website, such as "radiology.rsna.org", which makes us a bit difficult to trace and re-check the similarity degree after revise. We've focused on revising the highlighted portion.

Please contact me if there's any question.

Sincerely yours,

A handwritten signature in black ink on a light-colored background. The signature is written in a cursive style and appears to read "Jiating Wang".