

24/11/2015

Dear Sir/Madam

We thank the reviewers for their constructive comments regarding the below submitted paper. Please see the following responses and revisions in reply to the reviewers regarding the following paper:

**A review of the current surgical management of vulval cancer**

**Sarah L Platt, Kristyn M Manley, John B Murdoch**

**Department of Gynaecological Oncology, St. Michael's Hospital, University Hospitals Bristol NHS Trust, Southwell Street, Bristol BS2 8EG, United Kingdom.**

**Reviewer 00742259**

Thank you. In response to the comment regarding microscopic margins, we have now included reference to these margins and correlation with risk recurrence. The authors are supportive of sentinel lymph node testing, particularly in light of the reduced morbidity associated with this method, but remain aware that this practice should be reserved for unifocal lesions and carried out in centres where the necessary expertise exists to maintain accuracy. Moreover, we have now included information about the GROINSS-VII trial.

**Reviewer 00742250**

Thank you. We have made reference to the suggested article and included information about the sub-classification of Paget's disease of the vulva and their relative recurrence and prognosis rates.

**Reviewer 00742054**

Thank you. The methods section has been introduced as recommended. The grammatical errors have been corrected in paragraph 2, page 1. We have clarified

and corrected the reference pertaining to the correlation between depth of invasion and nodal involvement; Hacker NF and Van der Velden J. Conservative Management of early vulvar cancer. *Cancer* 1993; 71:1673.

In the section “Post-operative complications and psychosexual consequences” we have noted your concerns regarding references and have sought to identify other sources.

A second reference has been provided in the “Paget’s disease of the vulva” section as advised by Reviewer 00742250, which the authorship now feels is adequate for this relatively rare subgroup of vulval cancers.

HPV aetiology references have now been provided.

The authorship completed a systematic literature search prior to the submission of this review paper and most of the high quality papers relating to this topic are older than 15 years. This is potentially due to the low disease incidence and subsequent restricted evidence base. We have however made reference to the major trials that are being carried out in this area, highlighting the future evidence base that will become available. We have also added a section highlighting the limitations of current practice and emphasising the need for ongoing research.

#### **Reviewer 00742253**

Thank you.

#### **Editor’s comments**

Thank you.

The summary is outlined in the Core Tip section.

PubMed citations and references have been added.

We hope that this has addressed all of the reviewers’ and editor’s comments.

Thank you for considering our review paper for publication.

Yours sincerely

Dr Sarah Platt