

Author's response to reviews

Title: Human papillomavirus type 16 variants in cervical intraepithelial neoplasia and invasive carcinoma in San Luis Potosi City, Mexico

Authors:

Rubén López-Revilla (rlopez@ipicyt.edu.mx)
Marco A. Pineda (marco@ipicyt.edu.mx)
Julio Ortiz-Valdez (dr_ortiz_valdez@hotmail.com)
Mireya Sánchez-Garza (mireya@ipicyt.edu.mx)
Lina Riego (lina@ipicyt.edu.mx)

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POINT-BY-POINT ANSWERS TO THE REVIEWERS'S COMMENTS

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Title: Human papillomavirus type 16 variants in cervical intraepithelial neoplasia and invasive carcinoma in San Luis Potosi City, Mexico

Date: 28 January 2009

Each comment is numbered and followed by the changes introduced (shown in **boldface**) in the re-reviewed manuscript (version 3).

REVIEWER 1 (MARIA LINA TORNESELLO)

1. The manuscript has been adequately revised and, save for some minor revisions (i.e. line 29 pg 2 "one AA-a subtype variant", the usage of variant alone seems to be more appropriate), is ready for publication.

Lines 27-28 now say:

“Three European (E) variants (E-P, n = 27; E-T350G, n = 7; E-C188G, n = 2) and one AA-a variant (n = 2) were identified among the 38 HPV16 sequences analyzed. E-P variant...”

REVIEWER 2 (MA PICCONI)

ABSTRACT

2. Line 23: indicate the total number of analyzed samples (38).

Line 23 now says:

“...intraepithelial lesions (HSIL) and invasive cervical cancer (ICC) of 38 women residing in...”

DISCUSSION

3. Lines 161-166. Replace this paragraph by:
“... These differences are probably due to the severity of included lesions; the group of samples analyzed by Berumen et al. (14) had ICC, whereas in this work LSIL was predominated.”
4. Avoid repeating in this paragraph the same information which was detailed in RESULTS section related to the kind of samples included in this study.
5. Line 170-174: I insist in being cautious when the differences in the HPV type distribution is included in the discussion; remember that this study focus only HPV 16 positive samples.
6. This paragraph should be modified; it could be replaced by:
“The contrast in the variety in the subtypes and variants found by us probably derive also from differences in the kind of lesions as was observed above; however, it can not be ruled out that specific population features can be involved, since we have already found divergence among HPV type frequencies in the neighboring Mexican states of San Luis de Potosí and Guanajuato (16), and also differ from those observed in Mexico City (12, 14).”

Lines 161-163 now say:

“... These differences are probably due to the severity of included lesions; the group of samples analyzed by Berumen et al. [14] had ICC, whereas in this work LSIL predominated.”

Lines 167-172 now say:

“... The contrast in the variety in the subtypes and variants found by us probably derive also from differences in the kind of lesions as was observed above; however, it cannot be ruled out that specific population features can be involved, since we have already found divergence among HPV type frequencies in the neighboring Mexican states of San Luis de Potosí and Guanajuato [16] which also differ from those observed in Mexico City [12, 14].”

METHODS

7. Lines 210-212. This paragraph should be modified; it could be replaced by:
“Cervical lesion samples from 38 women residing in San Luis Potosí City, with HPV16 infection diagnosed in our laboratory (16) were randomly selected.”

Lines 208-210 now say:

“Randomly selected cervical lesion samples from 38 women residing in San Luis Potosí City, with HPV16 infection diagnosed in our laboratory [16], had been obtained by one of us (JOV) at the Colposcopy Clinic, Secretaría de Salud, San Luis Potosí City.”