Response to the Letter to the Editor: “Radiotherapy of salivary glands as treatment of sialorrhea in patients with amyotrophic lateral sclerosis requiring non-invasive ventilation: what are we doing?”

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Received: 19 January 2016 / Accepted: 19 January 2016 / Published online: 25 February 2016
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Dear Sirs,

We are grateful to Garuti and colleagues [1] for their insightful comments on our paper “Radiotherapy of salivary glands as treatment of sialorrhea in patients with amyotrophic lateral sclerosis requiring non-invasive ventilation.” All the issues highlighted by the authors are very relevant.

Nevertheless, we would like to point out that the aim of this study was to establish a proof of concept in the use of this second line treatment of sialorrhea in the vulnerable subgroup of amyotrophic lateral sclerosis (ALS) patients with symptomatic diaphragmatic dysfunction already undergoing non-invasive ventilation (NIV) treatment. We wanted to prove the feasibility of the radiotherapy administered in patients undergoing, at the time of the radiation,

mechanical ventilation. It should be noted that we used the same protocol of radiotherapy already evaluated in terms of efficacy and tolerance in our previous study enrolling 50 ALS patients [2]. Data regarding efficacy and tolerance in the small group of five patients are given for illustration purposes. Besides, from our point of view, patients with severe orthopnea who are unable to use a NIV mask are, to date, not eligible for radiotherapy treatment of the sialorrhea. We agree with Garuti and colleagues [1] that larger studies guaranteeing long-term follow-up data of sialorrhea control, side effects, NIV use, as well as Quality of Life measures are necessary to recommend the implementation of this treatment in routine clinical practice.

Compliance with ethical standards

Conflicts of interest None.

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