Reply to “Pseudoprogession”: more than semantics

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Dear Editors,

We thank Dr. Dutcher for her insightful comments on our case of “extreme pseudoprogession” [1] in her Letter to the Editors of *Cancer Immunology, Immunotherapy* entitled “*Pseudoprogession*”: more than semantics.

We do not disagree with the likelihood that tumor “flare” following cessation of a potent angiogenesis inhibitor had contributed to the initial tumor progression—this was taken up in our discussion [1]. In describing the striking turn of events, we are consciously aware that this is within a broader definition of pseudoprogession. According to Wolchok and colleagues, “the apparent increases in tumor burden that sometimes precede responses in patients receiving immune therapy may reflect either *continued tumor growth until a sufficient immune response develops* or transient immune-cell infiltrate with or without edema. Examination of tumor biopsies from ipilimumab-treated patients with apparent progressive disease (PD) before response is consistent with both hypotheses” [2].

As for symptomatic, clinical deterioration as part of the evolution of pseudoprogession, other authors have even preceded us in describing this [3].

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Compliance with ethical standards

Conflict of interest Both authors declare no conflicts of interest.

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