Author’s response to reviews

Title: Epidemiological evaluation of concordance between initial diagnosis and central pathology review in a comprehensive and prospective series of sarcoma patients in the Rhone-Alpes region

Authors:

Antoine A Lurkin (lurkin@lyon.fnclcc.fr)
Francoise F Ducimetiere (ducimetie@lyon.fnclcc.fr)
Dominique D Ranchere-Vince (rancherd@lyon.fnclcc.fr)
Anne-Valerie AV Decouvelaere (deouvel@lyon.fnclcc.fr)
Dominic D Cellier (dominic.cellier@merck.fr)
Francois FN Gilly (francois.gilly@chu-lyon.fr)
Dimitri D Salameire (DSalameire@chu-grenoble.fr)
Pierre P Biron (biron@lyon.fnclcc.fr)
Guy G De Laroche (guy.delaroche@icloire.fr)
Jean-Yves JY Blay (blay@lyon.fnclcc.fr)
Isabelle I Ray-Coquard (ray@lyon.fnclcc.fr)

Version: 4 Date: 22 December 2009

Author’s response to reviews: see over
Dear Miss Colette Homan,

Our manuscript entitled: “Epidemiological evaluation of concordance between initial diagnosis and central pathology review in a comprehensive and prospective series of sarcoma patients in the Rhone-Alpes region” by Antoine Lurkin et al. has been revised according to the comments of the reviewers. I apologize for the late response. Our answers are as follows:

- **Reviewer 1:**

  Comment 1: Concerning the choice of reviewers and their specialties this point has been developed in the PATIENTS AND METHODS parts d) Study design:

  “The goal of this study was to compare initial histological evaluation by the diagnostic pathologist (generally not an expert on these diseases) and results of the central expert review (CER) by regional and national soft tissue experts. These experts were selected by the EMS project scientific committee. All pathologists working in the region agreed to cooperate. All suspected cases of sarcoma (soft tissue, bone and visceral tissue sarcoma; n=671) diagnosed during the reference period were collected.”

  Comment 2: Concerning the third opinion to find exact diagnosis this point has been developed in the PATIENTS AND METHODS parts f) Main outcome measure:

  “In some rare cases, the expert needed the diagnosis to be reexamined either by an other expert (international expert like Pr Fletcher) or/and discussed at panel meetings (French Sarcoma Group) and a final consensus was reached.”

  Comment 3: Concerning the molecular techniques used this point has been developed in the RESULTS:

  “of tumor sample, type of laboratory and molecular biology examination (yes vs. no) (Table 2). The molecular biology techniques used were the Fluorescence in situ hybridization (FISH), the PCR and DNA sequencing.”
- Reviewer 2:

Comment 1: This paper could have been interesting to have an assessment of surgical margins which also a huge prognostic factor.

It’s a very interesting comment and effectively we will evaluate this point in next paper but move on to discussion section:,

“compare the rate of diagnostic discordance and confirm our conclusions. The correlation between concordance and free survival will be essentially evaluated on grade II / III tumors. The assessment of concordance is important for the patient for its impact on the diagnosis. The optimal diagnosis but also the optimum treatments (R0, radiotherapy decision) have an important role. Their prognostic value will be determinate in another article”

Comment 2: Concerning the inter-rater reliability this point has been developed in the PATIENTS AND METHODS parts f) Main outcome measure:

“Differences between the first diagnosis established by the non-expert pathologist and the second opinion given by experts were evaluated and scored on a three-point scale: The two experts evaluated in same time the diagnosis.” ……… “In some rare cases, the expert needed the diagnosis to be reexamined either by an other expert (international expert like Pr Fletcher) or/and discussed at panel meetings (French Sarcoma Group) and a final consensus was reached.”

Comment 3: How many diagnose are changed from benign to malignant and how many goes malignant to benign:

This point has been developed in table 4, and in results parts (page 9)

“Exactly, in the zero concordance, the diagnose were changed from benign to malignant for 7 patients. The modification of diagnosis between malignant tumor and benign have been concerning 3 patients”

Our study is effectively following the audit clinic method. To include the patients, we received the ethical approval by our authorities.

“In order to include patients and assess the concordance our study obtained an ethical approval by a review board (CNIL: Commission Nationale de l’information et des libertés. Independent administrative authority protecting privacy and personal data). The evaluation of medical records has been made through clinical audit”

This modified version of the manuscript has taken into account all the reviewers' recommendations. We hope that this new version can be found acceptable for publication in BMC Cancer.

Thank you for the attention you will pay to our work.

Sincerely,

A Lurkin Ph D