Author's response to reviews

Title: Should tumor depth be included in prognostication of soft tissue sarcoma? Minor prognostic value of tumor depth in a population-based series of 490 patients with soft tissue sarcomas of the extremity and trunk wall

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PDF covering letter
We would like to thank both reviewers for valuable criticism.

Response:

To both reviewers.

It seems like both reviewers think that we suggest a new staging system for soft tissue sarcoma based on only malignancy-grade and size. However, that was not our aim. The background for this study was that we do not believe that tumor depth *per se* is of prognostic importance. Therefore, we analyzed why tumor depth is of prognostic value when size is dichotomized at 5 cm as in most staging systems. Our findings show that this effect can be explained by the fact that deep-seated large tumors on average are larger than superficial large tumors. We have now clarified the aim of our study in two ways: we have deleted the section on prognostication based on only grade and size from the Abstract and added one sentence in the first paragraph of the Discussion.

To Binh N Bui

1 We have deleted strictly *cutaneous* sarcomas, most of them small skin leiomyosarcomas which almost never metastasize and are therefore uninteresting from a prognostic point of view. The reason for exclusion has now been stated in the text.

2 We have not evaluated the survival differences statistically. Our argument is that the difference in survival between deep and superficial tumors is confounded by association with tumor size. Absence or presence of such confounding bias cannot be assessed by statistical tests.

3 We agree, there seems to be no reason to choose 5 cm as cut-off. We have discussed this in the second paragraph, page 7, in the primary ms. The median size for superficial tumors was 4 cm (mean 5.2 cm), the median size for deep tumors was 8 cm (mean 8.3 cm), data now given in the text.

John Healey

P2. Age distribution. The youngest patients in our series were two 17-year-olds (as said in *Patients and methods*) both with synovial sarcomas, all others were 20 years of age or older. We think it would be a little pedantic to include this fact (and the fact that syndrome-associated tumors were not included) in the title.

Results, line 2. 87 small tumors were superficial with a mean size 2.9 cm and 78 were deep with a mean size 2.8 cm. Since our hypothesis was that size differs between superficial and deep tumors, we think this finding motivate our conclusion that size was similar in the two groups without a power calculation.
P4 Para 1 last line. We have added in adults.

P4 Para 2. Changed to median.

P7 Para 1, line 10. *although* replaced by *even though*

P7 Para 2, line 5. None of our patients was included in Troviks article (which was based on a Stockholm series). We have added 1 ref in this paragraph (Suit et al 1988).

P8 para 1. *generally good prognosis for low grade tumors*. We have deleted the word *generally*. The prognosis for low grade tumors was good in our patients, see Tables.

P9 table 2 etc. We have now tried to explain the focus of our article, see above. We have explained RR and CI in Methods.

*Why does the risk goes down.* The table was wrong with column headings mixed up, corrected.

P 10. Table 5b was wrong, the high grade group should include only grade IV tumors, corrected.

We hope that we have answered the criticism satisfactorily.