Author’s response to reviews

Title: The Impact of Tumour Size on the Probability of Synchronous Metastasis and Survival in Renal Cell Carcinoma Patients. A Population-Based Study.

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Dear Editor

Please find enclosed a manuscript entitled “The Impact of Tumour Size on the Probability of Synchronous Metastasis and Survival in Renal Cell Carcinoma Patients. – A Population-Based Study”, by Ingimarsson et al., which we ask you to consider for publication as an original.

This was a whole-nation retrospective clinicopathological study focusing on the relationship between tumour size and the odds of synchronous metastases (SMs) and survival in a nationwide RCC registry. Our patient cohort involved 845 consecutive cases with known tumour size, diagnosed in a well-defined population over a 35-year period.

Both histological material and TNM staging were centrally reviewed and both survival and the presence of SM were recorded. We used a cubic spline analysis to assess a potential non-linear relationship between tumour size and probability of SM. Furthermore, univariate and multivariate analyses were used to compare patients with and without SM, and to estimate prognostic factors for survival.

Most studies that have investigated the relationship between tumour size and SM have been based on data from single or multiple institutions. However, importantly two other population-based databases are available: the Surveillance, Epidemiology, and End-Results (SEER) Database and the National
Swedish Kidney Cancer Quality Register (NSKCR). While covering larger populations, studies based on such data are generally unable to offer a central review of staging or pathology, which means that there is a risk of discrepancies. The main strength of the present study was the centralized RCC database and revised histological classification.

Briefly, we found that tumour size influenced the rate of SM and that it was an independent prognostic factor of long-term survival after correcting for confounding variables. Tumour size therefore aids in prognostication by TNM staging, but the difference is small.

This paper will contribute to the growing literature on the effect of size at diagnosis on the prognosis of RCC patients, and we believe that the BMC Urology would be an excellent platform for publication of these results.

If you would like to make any comments regarding your revised version that you would not wish to be sent on to the referees, or posted online if the manuscript is accepted for publication, please provide them here: