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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Author’s response to reviews:

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Dear BMC Urology Editor

Thank you for considering our manuscript in BMC Urology. We would also like to thank the reviewers for their insightful comments and constructive criticism. Below is a point-to-point response to their comments, and we have changed the manuscript appropriately to address their suggestions. We hope the manuscript is now ready for publication in BMC Urology.

Respectfully,

Johann P. Ingimarsson

Reviewer 1

-no mention of follow-up for those patients who did develop recurrence

Reply: While it was our intention to map out risk factors of synchronous rather than metachronous metastasis, this is indeed a fair criticism and therefore we have added a subchapter and a table to address this.

- need histologic breakdown of patients who recurred

Reply: This is addressed in the same table.

-margin status of primary tumors from partial nx group need to be discussed specifically was there a higher incidence of recurrence

Reply: It turns out that in this population based, largely historical cohort, partial nephrectomies were infrequent and in fact there is only one case of a partial nephrectomy having subsequently progressed or developed metachronous metastasis. This case had negative margins on pathology. It thus limits any conclusion that can be drawn from affects of margin status on recurrence.
1: this is a well-written manuscript that assesses the incidence of synchronous metastases in RCC
2: the materials/methods section should simply explain how patients were collected, but the actual patient numbers/distribution should be summarized in the results section
Reply: We have changed the text accordingly
3: this analysis also includes "clinically diagnosed RCC"; however, the authors comment that the multivariate analysis did not change if only pathologically proven RCC were included. This study should really only include an analysis of only pathologically proven RCC.
Reply: We have changed the text and table accordingly. Numerical changes were only minimal in the table.