Author's response to reviews

Title: The prognostic relevance of interactions between venous invasion, lymph node involvement and distant metastases in renal cell carcinoma after radical nephrectomy

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Version: 2 Date: 23 October 2008

Author's response to reviews:

Dear Editor,

We thank you for your letter.

The strength of our study is the long-term follow-up and the good quality of the follow-up data. The patient material is a representative cohort of patients treated with radical nephrectomy, which was the standard of care at that time. The present study is clearly demonstrating the prognostic importance of interactions between lymph node invasion, venous invasion and distant metastasis in the advanced RCC, which has not to our knowledge, previously been reported. Our data should be of a great interest for researchers closely related to this field as well as for the surgical urologist dealing with this kind of patients in everyday practice. We do believe that publishing of this study is of importance for the research on kidney cancer and should be of interest for readers of BMC Urology.

We hereby address point-by-point the comments detailed in reviewer’s report. All the requested analysis and changes are clearly marked in yellow in the revised version.

Methods:

- It is now clearly stated that the study is retrospective. (page 4)

- Both ultrasound and an inferior cavogram were done to better define the thrombus level. (page 5)
The median and mean follow-up period for the whole population studied were 5.5 years and 6.9 years (range 0.01-19.4), respectively. Median follow-up was 13.9 years for patients alive at the end of the study.

Results:

Table 1:
- Beyond crude numbers, percentages are now reported in parentheses.
- The primary tumour pathological stage (pT) is now reported.

Table 2:
Ten cm was not used as size cut-off. Continuously coded tumour size was used in all analyses (with HRs stated per 10 cm). This is now more clearly stated in Methods (page 6) and in Table 2.
- 28 mm ESR cut-off is used according to internationally accepted practice (references: 15,16).
- TNM pT stages are now added in univariate analyses (Table 2).

Table 3:
- Unfortunately we could not add any more information (e.g. pT stage) in multivariate analyses because of the limited number of degrees of freedom.

Figure 1:
A curve with LNI positive data is now added (Figure 1).

Discussion:

- The high percentage of symptomatic patients is due to the time period (1985-1994) of this series. This has been commented in the Discussion (page 9).

References:

- References are now updated. (8, 9,15, 16)

Yours Sincerely

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Bergen, 14.10. 2008

References:

