**Title:** Primary osteosarcoma of the urinary bladder following cyclophosphamide therapy for systemic lupus erythematosus: a case report

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**Author's response to reviews:** see over
Dear Editor,

Thank you for the comments from the referees. The required changes and additions have been made in the manuscript (highlighted with blue in the text). Below, there are the replies together with comments in the same order that they came in.

Sincerely Yours.

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COMMENTS from 1st Referee and REPLIES:

This is an interesting report of a rare urinary bladder neoplasm and potential association with treatment of SLE.

—I suggest keeping sarcomatoid carcinoma (with heterologous differentiation) in the differential diagnosis even if the authors think that the diagnosis of primary osteosarcoma is favored. Sarcomatoid carcinoma can be negative for all epithelial markers.

The referee is completely right. Whenever a sarcomatous malignancy appears in the urinary bladder, the first consideration has to be given to sarcomatoid carcinoma rather than primary sarcoma arising in the organ. Making it more difficult, a sarcomatoid carcinoma can be completely negative for the epithelial markers. In that case what we look for is the history of previously resected carcinoma or the presence of an area of epithelial component (which can be very small), whether invasive or non-invasive, in the current tumor. If none of these efforts are fruitful, then the histological type of the tumor can be signed out as primary sarcoma. This is the usual pathology practice today and what has happened in our case.
The fact that ‘the sarcomatoid carcinoma can be negative for all epithelial markers’ has been added to the discussion.

-Few syntax related changes are needed.

Alterations have been made when mentioned changes were needed.

-The word "applied" is used instead of "presented" in more than one occasion.

Corrected as directed.

-Quality of written English: Needs some language corrections before being Published.

The text has been looked for additional lingual errors, ones found have been corrected.

COMMENTS from 2nd Referee and REPLIES:

The case report deals with possible association of SLE on cyclophosphamide treatment with development of osteosarcoma of the urinary bladder in a young patient. The authors claim that the same has not been reported earlier which seems correct. On the whole, the case is well presented and has up-to-date literature and worth publishing. However, there a few suggestions for minor correction and amendments:

1. The use of the term "lupus" in isolation appearing at some places in the article may best be avoided and may be replaced with "SLE" since in parlance of pathologists term "lupus" is also used for lupus vulgaris (a form of cutaneous tuberculosis).

Changed as suggested.

3. The authors may make a few corrections in spellings (hemolytic for haemolytic on page 3, polypoid for polipoid on page 4, trigone for trigon on page 4, remove expanded form of SLE on page 6 appearing again, continuous references sited at page 7 to be given as 10-12 instead of 10, 11, 12) etc.
Corrected as directed.

-Quality of written English: Needs some language corrections before being published.

*The text has been looked for additional lingual errors, ones found have been corrected.*