Author’s response to reviews

Title: Oncological, surgical and functional results of the treatment of patients after hemipelvectomy due to metastases

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Author’s response to reviews:

COVER LETTER

Dear Editors

I would like to thanks Editors and Reviewers for valuable comments which improved the quality of my article. All comments were considered in the manuscript.

BMSD-D-17-00624R1

Oncological, surgical and functional results of the treatment of patients after hemipelvectomy due to metastases

Grzegorz Guzik

BMC Musculoskeletal Disorders

Dear Dr Guzik,

Your manuscript "Oncological, surgical and functional results of the treatment of patients after hemipelvectomy due to metastases" (BMSD-D-17-00624R1) has been assessed by our reviewers. Based on these reports, and my own assessment as Editor, I am pleased to inform you
that it is potentially acceptable for publication in BMC Musculoskeletal Disorders, once you have carried out some essential revisions suggested by our reviewers.

A point-by-point response letter must accompany your revised manuscript. This letter must provide a detailed response to each reviewer/editorial point raised, describing exactly what amendments have been made to the manuscript text and where these can be viewed (e.g. Methods section, line 12, page 5). If you disagree with any comments raised, please provide a detailed rebuttal to help explain and justify your decision.

At this stage, we ask that you submit a clean version of your manuscript and do not include track changes or highlighting.

A decision will be made once we have received your revised manuscript, which we expect by 22 Dec 2017.

Best wishes,

James Mockridge, PhD

Editor, BMC Musculoskeletal Disorders

Editor Comments:

- The Conclusions should not be provided as numbered bullet points.

It was changed as Editors suggested:
Conclusions:

The incidence of local recurrences after internal hemipelvectomies due to metastases depends on the radicality of tumour resection and the use of postoperative radiotherapy. The survival of patients depends essentially on the type and stage of neoplasm. There were no statistically significant differences in overall survival depending on the type of metastasis resection. The most common complications were infections resulting in impaired wound healing and Lumic prosthesis dislocations. The best functional outcomes were obtained in patients after type I resections not followed by bone reconstruction. Lumic prosthesis implantation gave better results than Harrington procedure in patients who underwent reconstruction.

- Author contribution: please use your initials and state the exact contribution, i.e. data analysis, writing the manuscript etc.

It was changed as Editors suggested:

Authors contributions:

I am the sole author of manuscript (conception, design, acquisition of data, analysis and interpretation of data and statistic analysis).

- The contact details of the Ethics committee is not required, simply the full name.

It was changed as Editors suggested:

Name of Ethics Committee: "District Medical Chamber in Cracov Ethics Committee".
Reviewer reports:

Reviewer 2: Thank you for inviting me to re-review this case series. The paper has been improved, however, some issues remain:

I would ask the authors to clarify in their analysis (abstract and results) how did resection relate to survival of the patients. This requires a separate analysis of the patients who had wide/marginal resection versus those who had intralesional surgery. This would be a useful result from the present series, and should be clear from the abstract and conclusion of the paper.

As Reviewer suggested overall survival in different resection type was added and mentioned in Abstract, Results, Discussion and Conclusion Sections.

The follow up of patients was every 3 months. 8 patients died before the last visit. Overall survival calculated with Kaplan-Meier curve was 48.2% for 34 patients. Mean survival was 3.85 years. There were no statistically significant differences in overall survival depending on the type of metastasis resection - fig.1. ....

Please positive review my article .

Yours faithfully Grzegorz Guzik

I'm waiting Your answer.