Author’s response to reviews

Title: Surgical-only treatment of pancreatic and extra-pancreatic metastases from renal cell carcinoma - quality of life and survival analysis

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Version: 1 Date: 21 Dec 2019

Author’s response to reviews:

Dear Editorial Office of BMC Surgery,

As requested we have revised the manuscript -""Surgical-only treatment of pancreatic and extra-pancreatic metastases from renal cell carcinoma - quality of life and survival analysis" [BSUR-D-19-00318].

To the Handling Editor – Thank you for your review, we appreciated it. We have deeply revised statistical analysis, however differences among the 2 group appears to be not significant, we used either Mann Whitney analysis, T student test and Chi square.

Discussion section was completely revised and a table outlining outcome of target therapy was added, we hope this way our manuscript will be considered complete. In our conclusion we do not recommend surgery in all patients or as a first line therapy in metastatic patients, we are only exposing the fact that in resectable patients with little disease-burden and good performance status, a radical surgery may perform better than lifelong target-therapy.

We do not have a comparative arm of patients submitted to target therapy only, this is because we wanted to investigate whether there were differences in survival in patients with pancreatic-metastases only and extra-pancreatic metastases’ patients.

10-year survival was calculated among patients submitted to surgery at least 10 years ago (14 in our caustistic) while 3 and 5 year survival was calculated in entire cohort ( kaplan-meier analysis was limited to 60 months after surgery, that was possible since last operated patient died in 01/2019, 38 months after surgery, and last but one is alive 60 months after surgery).

We also revised the manuscript for minor grammar errors. I hope you would appreciate our revision.
To Reviewer 1 – thanks for your comments, we consistently reviewed our manuscript, tables and figures, in tables we think details are fundamental to understand patients’ characteristics, table 3 was revised according to revision of statistical analysis. We added a new table as requested from the handling editor. Hope you will appreciate quality of figures 1 and 2 which were revised as you expressed.

To Reviewer 2 – We know our cohort is of little dimension and statistical analysis maybe of little significance, but considering rarity of disease we think that our analysis may be one of value. The aim of the study is not about investigating robotic surgery vs open or laparoscopic approach or to investigate complication of different surgeries, we wanted to investigate clinical of RCC’s metastases either pancreatic or extra pancreatic when patients are treated surgically. Robotic Surgery may enlarge indications to more fragile patients, since it is minimvasive it limitates bleeding, reduces recovery time and hospitalization. Moreover, Robotic surgery allows major dexterity than laparoscopic surgery and this is extremely important in performing complex surgeries such as pancreatic one.

To Reviewer 3 – thank you for your review and appreciation, we have revised the manuscript basing on comments of the handling Editor, we didn’t use laparoscopic surgery since we believe that robotic surgery is more appropriate to operate the pancreas. As for QoL analysis, as described, most patients are in good physical and Psychological health. Only one suffers from steatorrhea after complete pancreatectomy and quality of life among the two groups is comparable.