Author’s response to reviews

Title: Impact of sarcomatoid differentiation and rhabdoid differentiation on prognosis for renal cell carcinoma with vena caval tumour thrombus treated surgically

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Version: 3 Date: 07 Jan 2020

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Major: In addition, data regarding perioperative mortality within a 90 days timeframe are also of high interest in such a patient population. So, please provide an analysis of predictors of perioperative mortality including the same parameters used for CSS, but please add use of cardiopulmonary bypass and blood transfusions as additional parameters for both, CSS and perioperative mortality.

a) The perioperative mortality within 90 days was 10.4% (13/125).

b) In our institutes, cardiopulmonary bypass was not routinely used for RCC with Mayo IV vena caval tumour thrombus due to the milking technique and Foley catheter-assisted technique (Details in our previous literature, J Int Med Res. 2019;47:2104-2115). Cardiopulmonary bypass was performed in only 4 cases in our series. Therefore, blood transfusions but not cardiopulmonary bypass was added to multivariate cox proportional hazard models. (highlights for details)

Minor: Were there cases of intraoperative pulmonary embolism?

a) One case had intraoperative pulmonary embolism in our series. Although we removed the tumor thrombus in the pulmonary artery trunk during cardiopulmonary bypass, the patient died one week after surgery. (The content has been added in the results section in highlight)