Journal of Clinical and Translational Research
Peer review process file 08.202206.016

Tumor grade and symptoms at presentation are survival risk factors in Chinese patients with primary retroperitoneal sarcoma

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Handling editor:
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Review timeline:

Received: 10 August, 2022
Editorial decision: 26 September, 2022
Revision received: 13 October, 2022
Editorial decision: 14 October, 2022
Revision received: 17 October, 2022
Editorial decision: 18 October, 2022
Revision received: 3 November, 2022
Editorial decision: 3 November, 2022
Published online: 24 November, 2022

1st Editorial decision
26-Sept-2022

Ref.: Ms. No. JCTRes-D-22-00118
Prognostic value of Symptoms in Patients with Primary Retroperitoneal Sarcoma: A Review of Recent 10 Years' Experience in a Single Asian Cohort of 261 Cases
Journal of Clinical and Translational Research

Dear Dr Zhang,

Reviewers have now commented on your paper. You will see that they are advising that you revise your manuscript. If you are prepared to undertake the work required, I would be pleased to reconsider my decision.

For your guidance, reviewers' comments are appended below.

If you decide to revise the work, please submit a list of changes or a rebuttal against each

point which is being raised when you submit the revised manuscript. Also, please ensure that the track changes function is switched on when implementing the revisions. This enables the reviewers to rapidly verify all changes made.

Your revision is due by Oct 26, 2022.

To submit a revision, go to https://www.editorialmanager.com/jctres/ and log in as an Author. You will see a menu item call Submission Needing Revision. You will find your submission record there.

Yours sincerely

Michal Heger
Editor-in-Chief
Journal of Clinical and Translational Research

Reviewers' comments:

Reviewer #1: This is a review on the prognostic significance of symptoms in RPS

1) In line 9 - What do the others mean by number of combined resections? Do you mean more than one resection (ie more than one surgery for recurrence) or do you mean multi-visceral resection for RPS? Please clarify

2) Throughout the manuscript please correct the word - It is INTENT not INTEND

3) Please correct multivariate to multivariable and univariable.

4) Please do not report the results of the univariable analysis, these are not relevant nor significant. Only the multivariable is important and has significance

5) Why is hospital stay so long? 15 days is quite long also there were 5 mortalities, what were the causes of post op mortality

6) The discussion is too long and has information that has nothing to do with the study question. The study question and objectives were to evaluate if symptoms at presentation predict prognosis. The authors were able to show that higher grade tumours are more likely to have symptoms at presentation which is not too surprising but can be interesting. What does this help do clinically knowing that symptoms mean more aggressive tumours? Are the authors suggesting they should all get pre-op radiation if they have symptoms? Are they suggesting they need to get to the OR sooner? I am not sure what this new information helps us do clinically. the authors should expand on that

7) In the discussion the authors discuss a great deal about the debate of multivisceral resection for sarcoma but I do not know why this is relevant to this paper about symptoms. This was not the objective of the paper and I am not sure belongs in the discussion as their paper did not look at the role of multi-visceral resection etc.

Authors' response

Reviewer #1: This is a review on the prognostic significance of symptoms in RPS

1) In line 9 - What do the others mean by number of combined resections? Do you mean more than one resection (ie more than one surgery for recurrence) or do you mean multi-visceral resection for RPS? Please clarify
Thanks to reviewer 1 for the reminder. Sorry for the confusion caused by the inaccurate description. Here 'number of combined resections' refers to the number of combined organ resections (continuous variable). I have revised several similar expressions in the manuscript.

2) Throughout the manuscript please correct the word - It is INTENT not INTEND
Thanks again to the reviewers for the reminder. I have made corresponding changes in the article.

3) Please correct multivariate to multivariable and univariable.
Thanks for the reminder, the relevant part has been revised.

4) Please do not report the results of the univariable analysis, these are not relevant nor significant. Only the multivariable is important and has significance
Thanks to the reviewers for the reminder. As you said, the results of multivariate analysis are the variables that are really meaningful. Univariate analysis remains in the table only, and the textual descriptions have been removed.

5) Why is hospital stay so long? 15 days is quite long also there were 5 mortalities, what were the causes of post op mortality
Why is the median hospital stay for retroperitoneal tumor surgery patients as long as 15 days? This is indeed a good question! There are two main reasons. First, the retroperitoneal tumor burden is huge, the operation time is long, the intraoperative blood loss and blood transfusion are large, and the proportion of postoperative ICU transfer is also high (about 50%). Second, complex surgery is associated with a higher proportion of morbidity. In this study, the incidence of postoperative severe morbidity was about 15%. Although data on the length of postoperative hospital stay are rarely reported in international large cohort reports, the rates of postoperative severe morbidity were similar or higher than those in the current study cohort(Smith and Panchalingam et al., 2015; MacNeill and Gronchi et al., 2018; Judge and Lata-Arias et al., 2019).
Among the 5 patients who died in the perioperative period, two died after reoperation due to severe abdominal infection caused by postoperative intestinal fistula; two died from cardiovascular events; and one died from multiple organ failure due to septic shock. I have added the description of the corresponding section to the manuscript.
References:
Judge, S. J. and K. Lata-Arias, et al. (2019). "Morbidity, mortality and temporal trends in the surgical management of retroperitoneal sarcoma: An ACS-NSQIP follow up analysis." J Surg Oncol 120 (4): 753-760.
MacNeill, A. J. and A. Gronchi, et al. (2018). "Postoperative Morbidity After Radical Resection of Primary Retroperitoneal Sarcoma: A Report From the Transatlantic RPS Working Group." Ann Surg 267 (5): 959-964.
Smith, H. G. and D. Panchalingam, et al. (2015). "Outcome following resection of retroperitoneal sarcoma." Br J Surg 102 (13): 1698-709.

6) The discussion is too long and has information that has nothing to do with the study question. The study question and objectives were to evaluate if symptoms at presentation predict prognosis. The authors were able to show that higher grade tumours are more likely to have symptoms at presentation which is not too surprising but can be interesting. What does this help do clinically knowing that symptoms mean more aggressive tumours? Are the authors suggesting they should all get pre-op radiation if they have symptoms? Are they suggesting they need to get to the OR sooner? I am not sure what this new information helps us do clinically. the authors should expand on that
Sincere thanks to the reviewers 1. Your comments are very useful to me. Indeed, the original Discussion section was overly lengthy and did not reflect the significance of this study. Combined with your sixth and seventh comments, I have revised the discussion section as follows: 1. Put the discussion on the significance of symptoms in the prognosis of RPS to the front. And the clinical guiding significance of symptoms is discussed in three aspects: preoperative, surgical preparation and postoperative follow-up; 2. The comparison of differences between Eastern and Western cohorts is simplified; 3. The discussion on MVR in the original manuscript is deleted (as the reviewers 1 said, this part of the discussion is not related to the research purpose of this study)

7) In the discussion the authors discuss a great deal about the debate of multivisceral resection for sarcoma but I do not know why this is relevant to this paper about symptoms. This was not the objective of the paper and I am not sure belongs in the discussion as their paper did not look at the role of multi-visceral resection etc.
Thank you for your suggestion. I have made corresponding changes. See the previous comment for details.

2nd Editorial decision
14-Oct-2022

Ref.: Ms. No. JCTRes-D-22-00118R1
Prognostic value of Symptoms in Patients with Primary Retroperitoneal Sarcoma: A Review of Recent 10 Years' Experience in a Single Asian Cohort of 261 Cases
Journal of Clinical and Translational Research

Dear author(s),

Reviewers have submitted their critical appraisal of your paper. The reviewers' comments are appended below. Based on their comments and evaluation by the editorial board, your work was FOUND SUITABLE FOR PUBLICATION AFTER MINOR REVISION.

If you decide to revise the work, please itemize the reviewers' comments and provide a point-by-point response to every comment. An exemplary rebuttal letter can be found on at http://www.jctres.com/en/author-guidelines/ under "Manuscript preparation." Also, please use the track changes function in the original document so that the reviewers can easily verify your responses.

Your revision is due by Nov 13, 2022.

To submit a revision, go to https://www.editorialmanager.com/jctres/ and log in as an Author. You will see a menu item call Submission Needing Revision. You will find your submission record there.

Yours sincerely,

Michal Heger
Editor-in-Chief
Journal of Clinical and Translational Research

Reviewers' comments:

Dear authors,

Thank you for submitting a revised draft. The reviewer's comments were satisfied and your manuscript has now passed the peer review stage. However, before we can proceed with the publication of your paper, I need you to up the writing to the required academic English level. At this point, the manuscript is too replete with grammar/spelling/inconsistency errors. Please involve a native speaker, a third-party contractor, or JCTR staff (via m.heger@jctres.com) to assist if you feel you cannot do this yourself. Please note that the latter two services are provided for a fee.

Good luck with the last modifications.

Michal Heger
Editor

Authors' reponse

Dear authors,

I have asked a third party to polish the full text of the manuscript. Please refer to the original text for specific modifications. Thank you for your time in this manuscript.

3rd Editorial decision
18-Oct-2022

Ref.: Ms. No. JCTRes-D-22-00118R2
Prognostic value of Symptoms in Patients with Primary Retroperitoneal Sarcoma: A Review of Recent 10 Years' Experience in a Single Asian Cohort of 261 Cases
Journal of Clinical and Translational Research

Dear author(s),

Reviewers have submitted their critical appraisal of your paper. The reviewers' comments are appended below. Based on their comments and evaluation by the editorial board, your work was FOUND SUITABLE FOR PUBLICATION AFTER MINOR REVISION.

If you decide to revise the work, please itemize the reviewers' comments and provide a point-by-point response to every comment. An exemplary rebuttal letter can be found on at http://www.jctres.com/en/author-guidelines/ under "Manuscript preparation." Also, please use the track changes function in the original document so that the reviewers can easily verify

your responses.

Your revision is due by Nov 17, 2022.

To submit a revision, go to https://www.editorialmanager.com/jctres/ and log in as an Author. You will see a menu item call Submission Needing Revision. You will find your submission record there.

Yours sincerely,

Michal Heger
Editor-in-Chief
Journal of Clinical and Translational Research

Reviewers' comments:

Dear authors,

Thank you for the attempt to improve the manuscript linguistically.

Based on the abstract alone, my request was not met in full, unfortunately.

For example:

"96 (36.8%) patients were WDLPS, 63 patients (24.1%) were DDLPS, 41 patients (15.7%) were LMS, 22 patients (8.4%) were SFT, 7 patients (2.7%) were MPNST, and 32 patients (12.2%) were others"
- Sentences should never start with a numerical value (instead, should be written out);
- abbreviations were used that were previously not written out in full;
- "32 patients were others" is a rather creepy sentence because of the syntax error

If you are unwilling to contract a third-party service provider, please engage a native speaker. If you have trouble with finding a native speaker, perhaps I can make an attempt to find someone who is willing to improve the text in exchange for authorship.

Please let me know in case of the latter.

Regards,

Michal Heger
Editor

4th Editorial decision
03-Nov-2022

Ref.: Ms. No. JCTRes-D-22-00118R3
Tumor grade and symptoms at presentation are survival risk factors in Chinese patients with primary retroperitoneal sarcoma
Journal of Clinical and Translational Research

Dear authors,

I am pleased to inform you that your manuscript has been accepted for publication in the Journal of Clinical and Translational Research.

You will receive the proofs of your article shortly, which we kindly ask you to thoroughly review for any errors.
Please notify our assistant editor/production editor when you receive the proofs if your article should belong a speical issue specifying the issue's title.

Thank you for submitting your work to JCTR.

Kindest regards,

Michal Heger
Editor-in-Chief
Journal of Clinical and Translational Research

Comments from the editors and reviewers: