Reply to the Letter to the Editor: Surgical Resection of Relapse May Improve Postrelapse Survival of Patients with Localized Osteosarcoma

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To the editor,

We thank the authors for their careful scrutiny of our article and for pointing out errors in our data representation.

Indeed, Table 1 should reflect four patients with a second relapse instead of three; a second relapse occurred in patient No.14 at the proximal femur. A disarticulation was performed (as indicated in the text) and currently, she remains alive with no evidence of osteosarcoma disease. Patient No.14 developed another malignant brain tumor

4 years after hip disarticulation. Debulking surgery was performed and the patient was treated with postoperative radiotherapy. As of this writing, the patient has lived for 3 years with the brain tumor.

For our study, there were a total of five patients with primary lesions in the femur (as correctly shown in Table 1). However, only four patients were mentioned in the text. The range at which relapse occurred should have been converted into years and should read “0.7–12.6 Years” instead of months.

We deeply regret those errors.

While we regret those errors, we still feel as though we correctly used the term “relapse.” This term has been used to include reemergence of disease after successful primary treatment regardless of its location. In fact, studies by Bacci et al. [1] and Bielack et al. [2] challenge the assumption that patients with lung metastases may have a worse prognosis than patients with local recurrence or recurrence in bone. A major determinant of survival is the ability to render the patient free of disease following a second relapse. This appears to be easier to achieve in bone than in the lung, and may lead one to believe that patients with bone relapse have a better prognosis. Aggressive treatment of the relapse, as in the Cooperative Osteosarcoma Study Group [2], has shown an impressive survival rate even in patients with multiple pulmonary relapses.

We do agree that our study evaluated a relatively small number of patients, and the data may not be comparable directly to the large studies we have cited. However, our study supports the need to carry out aggressive surgical resection wherever possible in patients with relapse disease, regardless of location, because the attainment of clinical remission has a positive effect on survival.

We sincerely thank the authors for their analysis, and for giving us the opportunity to clarify.

(RE: Wong KC, Lee V, Shing MK, Kumta S. Surgical Resection of Relapse May Improve Postrelapse Survival of Patients with Localized Osteosarcoma. *Clin Orthop Relat Res*. 2013;471:814–819.)

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