

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

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## 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 read the article by Wong and colleagues regarding the importance of surgical resection for postrelapse survival of patients with localized osteosarcoma with great interest. We would like to acknowledge some areas of the current study that require additional clarification from the authors.

First, the authors may have predicted the relapse sites of the six patients in the study who did not receive surgery postrelapse (five in lung and one in heart). However, the patients with lung metastasis have poor survival outcomes compared to those with bone recurrence. The surgery group and nonsurgery group did not match well in the current study. Metastasis and aggressive tumors likely caused poor survival.

Second, we found the title of the study, “Surgical Resection of Relapse May Improve Postrelapse Survival of

Patients With Localized Osteosarcoma” confusing. Relapse is defined as local recurrence and metastasis. Wong et al. presented 15 patients with metastasis (ten in lung, four in bone, and one in heart) but no patient presented with local recurrence. It is unclear why the authors used the word “relapse” but not “metastasis” in the title of their study.

Third, the authors cited the studies by Bacci G et al. [1], Bielack SS et al. [2], and Chou AJ et al. [3] in their Table 2 and Discussion section. The words “recurrence” or “recurrent” can be found in the titles of all three studies. We question whether “recurrence” has the same meaning as “metastasis” in those studies. If this was not the case, we find it inappropriate to make data comparisons between the current study and those reports cited in Table 2.

Finally, we uncovered a few errors in the study. The authors wrote, “A second relapse occurred in four patients” but only three patients with a second relapse were shown in Table 1. In the Patients and Methods section, the authors stated, “The primary lesion involved the proximal tibia in six, the distal femur in four, and the proximal humerus in four patients.” However, we found only five distal femur patients in Table 1. In the Results section, we were puzzled by “disease relapsed at a median of 28 months (range, 0.7–12.6 months) from diagnosis.” Perhaps the authors meant years instead of months.

We would like to thank Wong et al. for this paper. However, it would be more helpful if the authors clarified the above points.

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(RE: Wong KC, Lee V, Shing MM, Kumta S. Surgical resection of relapse may improve postrelapse survival of patients with localized osteosarcoma. *Clin Orthop Relat Res.* 2013;471:814–819.) Each author certifies that he or she, or a member of his or her immediate family, has no funding or commercial associations (eg, consultancies, stock ownership, equity interest, patent/licensing arrangements, etc) that might pose a conflict of interest in connection with the submitted article. All ICMJE Conflict of Interest Forms for authors and *Clinical Orthopaedics and Related Research*® editors and board members are on file with the publication and can be viewed on request. The opinions expressed are those of the writers, and do not reflect the opinion or policy of *CORR*® or the Association of Bone and Joint Surgeons®.

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