International Journal of Cancer Management
Volume 17 · Issue 1 · e147065

OPEN PEER REVIEW

Evaluation of Clinicopathologic Characteristics and Survival Rates of Patients with Renal Cell Carcinoma in Northeast of Iran

Ali Taghizadeh Kermani, Ali Emadi Torghabeh, Mahshidsadat Chenarani Moghadam, Mona Joudi, Lida Jarahi, Hamidreza Ghorbani, Alireza Ghoreifi

SUBMITTED	REVISED	ACCEPTED	DOI
17 Mar 2024	5 Oct 2024	8 Oct 2024	10.5812/ijcm-147065

About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

More about open peer review: brieflands.com/knowledgebase/opr

Contents

1 Original submission Referee 1 2
2 Revision 1 3
Authors' reply to reviewers 4
Reviewer and editor comments 6
3 Revision 2 7
Authors' reply to reviewers 8
Reviewer and editor comments 9

1 Original submission

1 comment · 18 May 2024

Referee 1 Reviewer

MAJOR REVISION 18 May 2024

Hi Dear authors:
Some points should be considered and modified:
1. Patient population and study variables:
a. Please include the scientific definitions of overall survival and disease-free survival in the text.
b. The follow-up duration for patients after 2016 is not mentioned.
c. Why did you use a cutoff point of 10 for hemoglobin?
2. Statistical analysis:
a. Mention the log-rank test in the text.
3. Results:
a. The results of the one-way analysis of variance and chi-square test mentioned in the statistical analysis section are not included in the text.
b. Which method was used to assess causality between risk factors and survival: the log-rank test or Cox regression?
For each method, the tables of overall survival and DFS must include significant and nonsignificant variables.
c. The 1-, 3-, 5-, and 10-year DFS must be reported, as must the 10-year OS.
d. Compare 1-, 3-, 5-, and 10-year survival for each outcome.
e. For figure 1 and figure 2, the x-axis labels must be modified to indicate the unit of time (day, month, year).
f. On page 8, line 10, overall median survival must be changed to median overall survival.
4. Discussion:
a. The discussion is clinically weak. Please discuss the clinical reasons for the results obtained in greater detail.
5. Conclusion:
a. This section does not contain a clinical conclusion regarding the assessed survival of RCC patients. Please add one.

2

Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Some points should be consider and modify:
1. *Patient population and study variables:*
a. Please include the scientific definitions of overall survival and disease-free survival in the text

. Answer: It is corrected in the text.
b. Follow up during time of patients after 2016 year is not mentioned.

Answer: We followed up all patients referred to our centers from 2001 to 2016 until reaching the study endpoints and the follow-up did not stop in 2016. Median follow up was 10.5 months.

c. Why did you use cut-off point 10 for hemoglobin?

- *We considered the level of mild and more than mild anemia as a factor to investigate its impact on the survival of patients, based on which the number 10 was adopted from the NCI anemia grading system.*

  classification of severity of anemia in patients with cancer as categorized by National Cancer Institute Anemia Scale (Common Terminology Criteria for Adverse Events grading system)1,2

  grade 1 (mild): 10 g/dL (100 g/L) to lower limit of normal

  grade 2 (moderate): 8 g/dL (80 g/L) to < 10 g/dL (100 g/L)

  grade 3 (severe): < 8 g/dL (80 g/L)

  grade 4: associated with life-threatening consequences; requires urgent intervention

  grade 5: death

2. *Statistical analysis:*
a. Be mention log-rank test in text.

Answer: It is corrected in the text.
3*. Results:*
a. As mentioned in statistical analysis section, results of one-way variance analysis and chi square test not in text.

Answer: It was corrected and highlighted.
b. which of log-rank test or cox regression methods use for assessing causality between risk factors and survival?
For each method, tables of overall survival and DFS must be included significant and non-significant variables.

Answer: It was correcteo and highlighteo.
c. 1, 3, 5, and 10-years OS must be report.
d. Do comparison between 1,3,5, and 10 years survival for each outcome.

Answer: It was reported and highlighted in Table 2.

e. For figure 1 and figure 2, legend of x-axis must be modify and change to unit of time(day, month , year)

Answer: It was corrected.

f. In page 8 and line 10 , the overall median survival must be modify and change to median overall survival.

Answer: It was corrected.

4. *Discussion:*
a. The discussion is clinically weak. Please discuss the clinical reasons for the results obtained in greater detail.
5. Conclusion:
a. This section does not contain a clinical conclusion regarding the assessed survival of RCC patients. Please add one.

Answer: It was correcteo and highlighteo.

2 Revision 1

0 comments

No public comments in this round.

3

Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Reviewers' Comments:

Associate Editor's Comments:

Associate Editor 1:

The presentation of the Iranian data in the study lacks clarity. More explicit explanations regarding how the data were collected, processed, and analyzed would enhance the transparency and reliability of the findings.

Dear revewer

In this historical cohort study, all patients with a histological diagnosis of RCC who were referred to oncological centers of Mashhad University of Medical Sciences, including Omid and Imam Reza hospital and Reza Radiation Oncology Center, from 2001 to 2016 were enrolled. Data were extracted from patients' hospital records, then they were contacted at the phone numbers provided in their files to ask about the patient's latest status, survival, and disease-free period. Informed consent was obtained from all participants.

In statistical analysis, data were described using standard descriptive statistics, and frequency tables, one way variance analysis, cox regression and chi square. Survival of the patients was estimated using Kaplan-Meier method. SPSS software version 23 was used for data analysis and p value of < 0.05 was considered as significant throughout the investigation.

3 Revision 2

0 comments

No public comments in this round.