

Reviewers Reply

Please correct for a few typographic errors in abstract (metastaic).

Please combine and shorten the 3rd and 4th sentences of the abstract.

Surgery- Please correct spelling (orthopaedicdic)

Chemotherapy- "Chemotherapy should rarely be considered for management of metastatic tumours "as"..... Please double check this sentence for clarity.

Conclusions- "Surgical management relies upon basic principles....." Please double check this sentence for clarity.

Reply: Thank you for your advice. I have corrected the above mentioned issues

In the introduction section, the objective of this paper can be added, which may more convincing.

The treatment section, the efficacy of denosumab may be lacking despite its superior efficacy to zoledronic acid in breast cancer patients.

In the surgical treatment section, the purpose of surgeries can be discussed for metastasis to long bone and pelvis and that to spine with spinal cord compression.

Reply: I have addressed the above points and added a section on spinal metastases

The identification of bone metastases is a significant development for patients. Their treatment can change completely as does their outcome. Not only can this news have a physical effect on patients' lives but also an emotional effect. As the treatment of metastatic disease is multidisciplinary in nature, it is imperative that orthopaedic surgeons are involved at an early stage and not just following pathological fracture or the development spinal stenosis.

Although the general orthopaedic surgeon will commonly deal with pathological fractures in their day to day practice, we are commonly referred patients with spinal metastases. As with any patient, a complete history and examination is necessary, including a thorough neurological examination. Radiology should include an MRI to assess spinal cord compression and the extent of spinal metastases. Neurological status may necessitate urgent decompression with stabilisation of the adjacent vertebrae. However, prior to major surgery, it is important to liaise with the patients' oncology service to ascertain overall outcome. In palliative cases, radiotherapy may be an option, if the patient is medically unfit to undergo and survive spinal surgery.

Also related to psychosocial factors, psychological comorbidities are a factor in poorer surgical outcome, for example with back pain. Any comments on the psychological comorbidities in assessing an individual for these types of surgeries?

There is comment on the protocols for the appendicular skeleton. There is no mention specifically made of the axial skeleton. Do the authors have any particular/specific comments about surgical procedures for the spine for metastasis.

Reply

I have addressed the spinal issue – see below. I appreciate there are significant psychological issues to any patient with bony metastases however we aimed to concentrate on the orthopaedic perspective. I have mentioned the emotional consequences however I have not gone into further detail.

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