

Response to comment on Umer Farooq et al. (JPMA 2018; 68 (7): 1129-31)

Short term surgical outcomes of Wilms tumour from a single institute

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Thank you for taking Interest in our study and for your valuable comments. We would like to answer all your queries one by one.

Firstly, your query about clinical staging, We agree with your comments. This staging has been loosely applied here based on the findings of cross sectional imaging. Technically this can only be applied after surgery.

Regarding your *second* question about the staging protocol. We work in an institute where pathologists are mostly North American qualified and have been following COG guidelines. However later in the course we have achieved uniformity and reporting is done as per SIOP guidelines.

Thirdly, we don't remove the adrenal along with the tumour. In Wilms tumour radical nephrectomy is never indicated.

Fourth regarding use of metronidazole; Our patient population presents usually with very large tumours. It is difficult to anticipate with 100 percent accuracy which patient will have colonic injury or will require colectomy. Therefore we use metronidazole prophylactically and carry

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out in all patients for 48 hours as most patients have significant handling of colon.

Fifth regarding post op radiation. This paper is about short-term surgical outcomes. All patients who require radiation are given appropriate radiation as per protocol according to stage of disease.

Sixth regarding the chemotherapy, not all patients are given three drug regimen but only who required according to the stage of disease.

Seventh regarding 1 year follow-up, this paper addresses short term surgical outcomes and we will publish our overall long term results in a separate paper.

Eight regarding concomitant splenectomy; Both patients received appropriate preoperative vaccination and postoperative management for overwhelming post splenectomy sepsis. In developed world, advanced tumours are not seen very often.

Nine regarding Nephron sparing surgery, we did not come across any small polar tumour, appropriate enough to do nephron sparing surgery.

Once again I thank you for taking interest in our study and I hope I have managed to answer your questions. I would again like to mention that this is just a retrospective study of all the patients who underwent surgery and there short term outcomes.