Decision Letter (JCQ-2025-0013)

From: [redacted]
To:
CC:
BCC:

Subject: Journal of Clinical Question - Decision on Manuscript ID JCQ-2025-0013

Body: 26-May-2025

Dear Dr Batucan,

Manuscript ID JCQ-2025-0013 entitled "Occult Primary Osteosarcoma of the Rib in an Adult Male: A Case Report" which you submitted to the Journal of Clinical Question, has been reviewed. The comments of the reviewer(s) are included at the bottom of this letter.

The reviewer(s) have recommended publication, but also suggest some minor revisions to your manuscript. Therefore, I invite you to respond to the reviewer(s)' comments and revise your manuscript.

To submit your revised manuscript, follow the below steps.
1. Access to https://mc.manuscriptcentral.com/jcq and log into the site.
2. Click "Author" at the top left of the screen at "Home" page.
3. Click "Manuscripts with Decisions" on Author Dashboard page.
4. Click "create a revision" on the manuscript you are going to revise.
5. The system creates your revision manuscript form. Provide your comments about the revised points at the response field, fill in on each field step by step as same as you did for the original submission, and submit your revised manuscript.
IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.
Your manuscript number has been appended to denote a revision.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer. Please also highlight the changes to your manuscript within the document by using the track changes mode in MS Word or by using bold or colored text.

Once the revised manuscript is prepared, you can upload it and submit it through your Author Center.

When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) in the space provided. You can use this space to document any changes you make to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewer(s).

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Because we are trying to facilitate timely publication of manuscripts submitted to the Journal of Clinical Question, your revised manuscript should be uploaded as soon as possible. If it is not possible for you to submit your revision in a reasonable amount of time, we may have to consider your paper as a new submission.

Once again, thank you for submitting your manuscript to the Journal of Clinical Question and I look forward to receiving your revision.

Sincerely,
Richard Isaacs
Editor in Chief, Journal of Clinical Question
jcqeic@gleampub.com

[Editor's Comments]
Associate Editor
Comments to the Author:
(There are no comments.)

[Reviewer(s)' Comments]
Reviewer: 1

Comments to the Author
Dear Authors,

Thank you for submitting your manuscript to JCQ. I was pleased to receive it as a reviewer.

Your reported case is rare and provides a clear description of diagnosis and management. I also found useful the inclusion of a table summarizing the relevant literature. However, I have a few comments for your consideration:

1. Please clarify what makes your case distinct and communicate this better in the abstract and introduction.
2. You report the tumor as stage T2N0M0, but the diagnostic workup does not describe how nodal or distant metastases were excluded. Was a PET-CT or bone scan performed?
3. Consider providing a visual timeline of the sequence of care (as encouraged by CARE).
4. Given the tumor size and chest wall involvement, was neoadjuvant chemotherapy considered before surgery? Please explain why the upfront surgery was chosen.
5. The summary of reported cases is useful, but you could include brief descriptions of individual case reports/series with histological subtypes similar to yours.
6. Please address limitations of your case (e.g., limited follow-up duration, absence of functional outcomes, no histologic chemotherapy response assessment).
7. Add a statement confirming that written informed consent for publication was obtained.

Thank you again for the opportunity to review your work.

Reviewer: 2

Comments to the Author
1. It is indicated that the patient has received 6 cycles of adjuvant chemotherapy. What is the overall duration of follow-up after the surgical intervention?
2. Were there considerations in the choice of chest wall reconstruction, especially the use of metallic rib prosthesis against other options?

Date Sent: 26-May-2025

Author's Response to Decision Letter for (JCQ-2025-0013)

Occult Primary Osteosarcoma of the Rib in an Adult Male: A Case Report

Dear Editor and Reviewers,
We want to express our sincere appreciation for the constructive comments and insightful suggestions provided during the review of our manuscript entitled "Occult Primary Osteosarcoma of the Rib in an Adult Male: A Case Report" submitted to the Journal of Clinical Question. We have carefully considered each comment and have revised the manuscript accordingly. Below, we provide a point-by-point response to all the comments and describe the changes made in the revised version. We believe these revisions have significantly improved the clarity and quality of our work.

Reviewer: 1
Comment 1. Please clarify what makes your case distinct and communicate this better in the abstract and introduction.
Response: Thank you for this helpful suggestion. We have revised the abstract to "This case highlights the importance of identifying incidental findings, making timely diagnoses, and providing comprehensive treatment to optimize outcomes for rare presentations of osteosarcoma."

Comment 2. You report the tumor as stage T2N0M0, but the diagnostic workup does not describe how nodal or distant metastases were excluded. Was a PET-CT or bone scan performed?
Response: We appreciate this important point. A whole-body PET-CT scan was performed preoperatively, which showed no evidence of distant metastasis. This has now been explicitly stated in the revised diagnostic workup section. (Page 6, line 66- 68)

Comment 3. Consider providing a visual timeline of the sequence of care, as recommended by CARE.
Response: We appreciate the reviewer's suggestion. However, the sequence of care in this case was straightforward, consisting of diagnosis, upfront surgery, adjuvant chemotherapy, and routine follow-up without additional interventions. Given the simplicity of the clinical course, we believe a visual timeline would not add substantial value, and have therefore not included it.

Comment 4. Given the tumor size and chest wall involvement, was neoadjuvant chemotherapy considered before surgery? Please explain why the upfront surgery was chosen.
Response: Thank you for this critical comment. Neoadjuvant chemotherapy was not considered in this case because the tumor was classified as an early-stage disease (T2N0M0) without evidence of nodal or distant metastases. Based on multidisciplinary team evaluation, upfront surgery was deemed appropriate given the resectability of the tumor and the patient's overall clinical condition. We have added contents as "Given the early stage of disease and low-grade features on pathological evaluation, neoadjuvant chemotherapy was not pursued." (Page 6, Line 68-69)

Comment 5. The summary of reported cases is useful, but you could include brief descriptions of individual case reports/series with histological subtypes similar to yours.
Response: Thank you for the suggestion. Upon review, we found only one previously reported case with a low-grade histologic classification similar to ours. We have added a brief note to highlight this in Table 1, providing additional context. (Page 11, Line 129)

Comment 6. Please address limitations of your case (e.g., limited follow-up duration, absence of functional outcomes, no histologic chemotherapy response assessment).
Response: We have added a dedicated paragraph discussing the limitations of this case, as follows "This case report has several limitations. First, the follow-up duration is relatively short, which limits our ability to evaluate long-term oncologic outcomes such as recurrence or survival. Second, functional outcomes, including postoperative pulmonary function and quality of life measures, were not formally assessed, which may limit the clinical applicability of the findings." (Page 10, line 119-123)

Comment 7. Add a statement confirming that written informed consent for publication was obtained.
Response: A statement confirming that written informed consent was obtained from the patient for publication has been added to the end of the manuscript. (Page12, Line 149-150)

Reviewer: 2
Comment 1. It is indicated that the patient has received 6 cycles of adjuvant chemotherapy. What is the overall duration of follow-up after the surgical intervention?
Response: Thank you for bringing this to our attention. We have modified the manuscript as follows "The patient remains asymptomatic and in good condition, expressing satisfaction with the successful tumor resection and completion of chemotherapy. Follow-up visits are scheduled every 3 months, with continued surveillance planned for a total duration of 5 years." (page 7, Line82-85)

Comment 2. Were there considerations in the choice of chest wall reconstruction, especially the use of metallic rib prosthesis against other options?
Response: We appreciate the reviewer's comment on this point. The choice of using a metallic rib prosthesis was based on its superior mechanical strength and long-term stability, which are particularly important given the extent of chest wall resection. The availability of this prosthesis in our hospital also influenced the decision. Advanced reconstruction techniques such as 3D printing were not available at our institution at the time. (Page10, Line 124-126)

Once again, we thank you for the valuable feedback and the opportunity to revise our manuscript. We hope the revised version meets your expectations and is now suitable for publication in the Journal of Clinical Question.
Please do not hesitate to contact us if you require any further clarification.

Sincerely,
Gervie Flor Batucan
Department of Internal Medicine, Southwestern University Medical Center
[redacted]

1. Response Letter.pdf PDF

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