# Article information:

Surgical outcomes of extracorporeal irradiation and re-implantation in extremities for high grade osteosarcoma: A retrospective cohort study and a systematic review of the literature - PubMed  
<https://pubmed-ncbi-nlm-nih-gov.proxy.westernu.edu/30581725/>

# Article summary:

1. The study evaluated the surgical outcomes of extracorporeal irradiation and re-implantation (ECIR) in extremities for high-grade osteosarcoma.

2. The overall reconstruction failure rate was 46% in the cohort study, with 6% due to mechanical failure and 40% due to non-mechanical failure.

3. Diaphyseal resection with intercalary re-implantation had a significantly lower failure rate compared to other types of reconstructions, offering promising outcomes.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article titled "Surgical outcomes of extracorporeal irradiation and re-implantation in extremities for high grade osteosarcoma: A retrospective cohort study and a systematic review of the literature" presents the findings of a study that evaluated the failure rate and mode of failure in patients with high-grade osteosarcoma who underwent extracorporeal irradiation and re-implantation (ECIR) in their extremities. The article also includes a systematic review of published literature on the use of ECIR for osteosarcoma.

One potential bias in this article is the retrospective nature of the cohort study. Retrospective studies are prone to selection bias, as the researchers may have selected patients based on certain criteria or excluded patients who did not meet specific criteria. This could introduce bias into the results and limit the generalizability of the findings.

Another potential bias is that the study only included patients from a single institution. This limits the external validity of the findings, as outcomes may vary across different institutions with varying levels of expertise and resources.

The article does not provide information about potential conflicts of interest among the authors. It is important to consider whether any financial or non-financial conflicts could influence the reporting or interpretation of results.

The article claims that diaphyseal resection with intercalary re-implantation has a significantly lower failure rate compared to other types of reconstructions. However, it does not provide sufficient evidence or data to support this claim. The reader is left wondering about the specific reasons why diaphyseal resection is more successful and how these results compare to other studies in the literature.

Additionally, there is no discussion or exploration of potential counterarguments or limitations to ECIR as a treatment option for high-grade osteosarcoma. It would be valuable to include a balanced discussion that considers alternative treatment approaches and their respective outcomes.

The article also lacks a discussion of potential risks or complications associated with ECIR. While the article mentions that there were mechanical and non-mechanical failures, it does not provide details about the specific complications or adverse events that occurred in these cases. This information is important for clinicians and patients to make informed decisions about treatment options.

Furthermore, the article does not present both sides of the argument equally. It primarily focuses on the positive outcomes of ECIR and does not adequately address potential drawbacks or limitations of this approach. A more balanced presentation would provide a more comprehensive understanding of the topic.

In conclusion, while the article provides some insights into the surgical outcomes of ECIR in high-grade osteosarcoma, it has several limitations and biases that should be considered when interpreting the results. The retrospective nature of the cohort study, limited sample size from a single institution, lack of discussion on potential risks and complications, unsupported claims, and one-sided reporting all contribute to a less robust and balanced analysis. Further research is needed to fully understand the effectiveness and limitations of ECIR as a treatment option for high-grade osteosarcoma.

# Topics for further research:

* Alternative treatment options for high-grade osteosarcoma
* Complications and adverse events of extracorporeal irradiation and re-implantation
* Comparative studies on different types of reconstructions for osteosarcoma
* Long-term outcomes of extracorporeal irradiation and re-implantation in extremities
* Multicenter studies on extracorporeal irradiation and re-implantation for osteosarcoma
* Conflicts of interest in studies on extracorporeal irradiation and re-implantation

# Report location:

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