Do patients with soft-tissue sarcomas treated with trabectedin have better clinical effects and a longer survival time than those treated with doxorubicin?

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Comment on: Dang J, Fu J, Zhang Z, *et al*. Comparison between trabectedin and doxorubicin in soft-tissue sarcomas: a systematic review and meta-analysis. Ann Transl Med 2021;9:1764.

Submitted Dec 29, 2021. Accepted for publication Feb 20, 2022.
doi: 10.21037/atm-21-7018
View this article at: https://dx.doi.org/10.21037/atm-21-7018

We read with great interest the recent published study by Dang and colleagues entitled "*Comparison between trabectedin and doxorubicin in soft-tissue sarcomas (STS): a systematic review and meta-analysis*" (1). They demonstrated that STS patients treated with trabectedin had better clinical effects and a longer survival time than those who treated with doxorubicin. We appreciate Dang and colleagues for the valuable study. However, after a careful learning of the literature, we would like to pay attention to some important missing aspects in the study.

Firstly, after carefully reviewing the included study by Hartmann *et al.* (2), we found that 120 patients diagnosed as STS were randomly divided into two groups: arm A group (doxorubicin for 6 cycles) and arm B group (oral trofosfamide) and each group with 40 and 80 patients. Whereas, in Table 1, Dang *et al.* depicted that 80 patients were included, which was not consistent with the original study (2). Moreover, the erroneous data that disease control rate of 54 cases in 75 patients in experimental group and disease control rate of 41 cases in 39 patients in control group resulted in odds ratio (OR) was not being estimable showed in Figure 6.

Secondly, sensitivity analysis is carried out by omitting one study at a time to investigate the effect on the overall pooled estimate (3). In the heterogeneity investigation and sensitivity analyses section, the authors performed the sensitivity analysis only by omitting Schöffski *et al.*'s study (4) and did not further exclude the other included studies. Hence, we believe that the sensitivity analysis was insufficient.

In short, Dang *et al.* revealed a significant issue with regard to the comparison of clinical effects and survival time between trabectedin and doxorubicin in STS. However, the data should be further revised to validate the conclusions because of the concerns above.

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was a standard submission to the journal. The article did not undergo external peer review.

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form (available at https://atm.amegroups.com/article/view/10.21037/atm-21-7018/coif). The authors have no conflicts of interest to declare.

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Cite this article as: Wu J, Zhang M, Chen C, Zhao A, Guo Y. Do patients with soft-tissue sarcomas treated with trabectedin have better clinical effects and a longer survival time than those treated with doxorubicin? Ann Transl Med 2022;10(7):425. doi: 10.21037/atm-21-7018

