Reviewer's report

Title: Complete response in gallbladder cancer to Erlotinib plus Gemcitabine does not require mutation of the epidermal growth factor receptor gene: a case report

Version: 1 Date: 20 July 2010

Reviewer: Hongming Pan

Reviewer's report:

This is a report of a metastasis gallbladder cancer patient with neither known EGFR mutations nor amplification observed a complete response after receiving four cycles of gemcitabine and erlotinib.

I have only discretionary revisions:

1) Gemcitabine was commonly selected in chemotherapy regimen for metastasis BTCs. As the author mentioned [1], results from a randomized phase III study showed gemcitabine alone had median survival of 8.1 months in advanced BTCs, and one complete response patient was observed in the gemcitabine alone group, which, in my opinion, makes it hard to exclude the possibility that the complete response observed in this case report was result from gemcitabine alone. Although it is not common (1/206), we suggest the author discuss a little more about gemcitabine and BTCs, instead of simply coming down to “seem unlikely”.

2) The EGFR testing results are important. A picture of FISH test for detecting the amplification should be included, as the author mentioned in the “EGFR testing” section.

3) The article published on Journal of Clinical Oncology in June 2010 named “Report of a Multicenter Phase II Trial Testing a Combination of Biweekly Bevacizumab and Daily Erlotinib in Patients With Unresectable Biliary Cancer: A Phase II Consortium Study” tested EGFR mutation and analyzed the association between the mutation and patient outcome[2]. Therefore, we suggest the author remove “This analysis is the first published report correlating EGFR genotype with response to an EGFR-TKI in a patient with BTC” at the end of the background section in this case report.

In conclusion, I suggest this case report as “Accept after discretionary revisions”.

Reference


[2] Report of a Multicenter Phase II Trial Testing a Combination of Biweekly Bevacizumab and Daily Erlotinib in Patients With Unresectable Biliary Cancer: A