Reviewer's report

Title: C-reactive protein in patients with advanced metastatic renal cell carcinoma: Usefulness in identifying patients most likely to benefit from initial nephrectomy

Version: 2 Date: 17 July 2012

Reviewer: Adam Metwalli

Reviewer's report:

1. Is the question posed by the authors well defined? The question is reasonably well defined.

2. Are the methods appropriate and well described? The methods are improved from the first draft. The inclusion of the IRB approval and ethics is important and appreciated. The added line about dividing the tumor diameters by medians is unclear. Since this was done to assess impact of tumor size on baseline CRP levels, it might be a good idea to indicate more clearly why you performed this analysis of tumor diameters.

3. Are the data sound? As sound as any retrospective, uncontrolled cohort study can be.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes

5. Are the discussion and conclusions well balanced and adequately supported by the data? Reasonably.

6. Are limitations of the work clearly stated? yes they are now.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? by and large they do.

8. Do the title and abstract accurately convey what has been found? Yes

9. Is the writing acceptable? By and large, it is. However, in section 3.3 the line "Kaplan-Meier analyses revealed...differences between these 3 groups..." but "between" should be changed to "among" since between can only be used as a comparison between 2 groups whereas "among" is reserved for 3 or more groups. In the discussion section, the word "inflammations" is used but it should be changed to "inflammation" since there is no need for plurality. I would change the word "sex" to "gender" in the discussion. In the final paragraph that was added the word "differences" is misspelled.

I would change Table 1 to add percentages along side the actual numbers of patients. When I was looking at the section on # of metastatic organ sites, it was difficult to tell where the differences were between the two groups, but if you had
% in parentheses it would be clear that nearly 2/3 of the nephrectomy group had 0 or 1 site of mets whereas less than 45% of the non-nephrectomy group did. The difference is not statistically significant but I think there is value in doing that for ease of interpretation.

I think some comment should be made in the text about the lack of Fuhrman grading between the two groups. Obviously the non-surgical group did not have adequate pathologic specimens to provide this information but it is still worth noting that you're missing an important bit of information that likely affects the prognosis of these patients.

I would change the legend for Figure 2 to indicate that it's a chart of the distribution of CRP values. As you noted in response to my initial comments, some of the individuals in the lowest CRP cohort had normal CRP values. So your legend for this figure suggests that only elevated CRP values are depicted and that is not the case.

All in all, I think the changes that were made have improved this manuscript considerably and this is certainly hypothesis-generating data that is very interesting.

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

no competing interests.