Reviewer’s report

Title: Neck Control after Definitive Radiochemotherapy without Planned Neck Dissection in Node-Positive Head and Neck Cancers

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Reviewer: Steffi Ulrike Pigorsch

Reviewer’s report:

1. Is the question posed by the authors well defined?

The authors retrospectively evaluated the charts of head and neck cancer patients at the Seoul National University Bundang Hospital to investigate their in-house policy concerning the use or abandonment of planned or salvage neck dissection after definitive radio-chemotherapy for residual or recurrent lymphadenopathy of the neck. The aim of the study was to find out the patterns of failure, the neck control rate, prognostic factors for regional control and the treatment outcome.

Obviously, the authors included all head and neck cancer, including nasopharyngeal cancer, in this investigation. The only inclusion criteria seemed to be positive lymph node involvement at the initial diagnosis.

For the reader the authors should more explain their background for the asking of this interesting question. So there is the impression that the authors would only communicate their in-house data.

2. Are the methods appropriate and well described?

Major Compulsory Revisions

Overall this is a short paper, this is not seen as a drawback!

Fifty patients were included in this evaluation of omitting neck dissection after definitive radio-chemotherapy. The methods for recruiting the “right” patients for the evaluation are short given. The study is a retrospective case analysis of 50 patients, treated for head and neck cancer by radio-chemotherapy without immediate planned neck dissection. A large diversity of treatment regimes for radiotherapy (3D-conformal RT and SIB-IMRT) and chemotherapy were applied to the patients (Neoadjuvant / concomitant n=19; concomitant / adjuvant n=13; concomitant n=12; Neoadjuvant./concomitant/adjuvant. n= 4; Neoadjuvant N= 2).

It is mentioned that the first response evaluation took place at a median of 5 weeks after completion of the radio-chemotherapy. CT or MRI was applied as imaging modalities as well as physical and endoscopic examination. But there is no clear definition given which lymph nodes were scored as residual or persistent and which as recurrent disease. For the first response evaluation after 5 weeks only 33 patients could catch this date because 17 patients are underway for adjuvant chemotherapy. Concerning the scoring of the imaging data for
suspicious lymph nodes there are no criteria for positive involvement of (residual/persistent or recurrent) lymph nodes given. Only at the “discussion” there is a hint for RECIST-criteria but not concerning this study. For the statistical analysis the usual models were used.

3. Are the data sound?

Major Compulsory Revisions
The patient characteristics are given only in a table. So the reader has to switch to this to understand and compare the sometimes confusing data.

The methods for the image evaluation are not clear by reading the paper.
It is not mentioned whether the “recurrent” lymph node patients reached complete remission after radio-chemotherapy or not or whether they had persistent tumor.

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

The manuscript does not well adhere to the CONSORT statement criteria (Lancet, 2001). Although these criteria are established to report prospective randomised clinical trials, they are also a good thread to report clinical data from non-randomised studies.

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

Major Compulsory Revisions
Over the last months there were some new data on the discussed topic which are not mentioned in this paper.

In the discussion-part there are some hints concerning the inclusion policy for this study: “Because there were no definite criteria of complete nodal response, we included all patients treated with definitive radiochemotherapy regardless of nodal response.” This sentence would be helpful in the methods part.

Results of some PET-investigation are short given and very short related to two papers about FDG-PET in head and neck cancer. Why are these results not mentioned in the results part?

6. Are limitations of the work clearly stated?

Discretionary Revisions
The authors wrote that there is no clear definition in the literature for salvage neck dissection and planned neck dissection after radio-/radio-chemotherapy. They also state that there are no clear criteria known about the classification of lymph nodes after radiotherapy treatment for persistent involvement. But they gave not clear their own criteria for classification with an explanation.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Major Compulsory Revisions
No the author gave only the topical data and no comparison to their own results of planned neck dissection. The results of a comparison of the Seoul data would be interesting – planned neck dissection versus omitting neck dissection.

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

Minor Essential Revisions
The title gives only the hint for the topic. It is not mentioned that the data are generated by a retrospective analysis.

9. Is the writing acceptable?
The writing is acceptable but in some passages the reading is strenuous because of confusing and lacking details.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests. Steffi Pigorsch