Reviewer's report

Title: Early versus deferred androgen suppression therapy for patients with lymph node-positive prostate cancer after local therapy with curative intent: a systematic review

Version: 1 Date: 27 September 2012

Reviewer: Philipp Dahm

Reviewer's report:

Major Revisions
- As far as I can tell, the authors failed to rate the quality of evidence while repeatedly vaguely referring to risk of bias. I would ask them to clearly label the confidence they would place into their estimates of effect to put their findings into perspective and provide a clear framework of what that means and should matter to clinicians.
- The discussion strikes me as overly wordy; would seek to shorten.

Minor Revisions
- Background: Would use more recent citation than that from 2008
- "In men with localized prostate cancer and a life expectancy greater than 10 years." I would avoid the term "must". Also, current guidelines now currently refer to 15 and 20 year life expectancies to justify local treatment with curative intent. How does active surveillance fit in? In general, I'd urge the authors to be more precise.
- Please include LHRH antagonists
- Methods
- Please provide time horizon for abstract proceedings search
- It is not clear to me by what they describe how their analysis using a random effects model amounted to a sensitivity analysis.
- Discussion: In the absence of evidence of equivalence for antiandrogens versus LHRH agonists/antagonists, my take would be that they are not compareable.

Discretionary Revisions
- Abstract, Results: The wording "demonstrated a beneficial effect for overall survival (HR 0.62...)" is confusing. Would seek to reword.
- Abstract, Results: "There is evidence for an increased number of adverse events..." is awkward. Would reword.

Abstract, Results: "The quality of evidence is hampered..." overly casual. See also above.
- Abstract, Conclusions: Here and elsewhere the authors rather vaguely refer to
risk of bias; I would urge them to be specific and labelling the issues; i.e. what do you need them to do? Apply blinding, assure completeness of follow-up or what?

- Abstract, Conclusions: It's not apparent to me why sample size is a major issue in this context

- Abstract, Conclusions: "modern diagnostic" is unclear; do they mean modern diagnostic imaging modalities?

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.