Reviewer's report

Title: Correlation of CD44v6 expression with ovarian cancer progression and recurrence

Version: 2 Date: 15 January 2013

Reviewer: Marika Nestor

Reviewer's report:

Minor Essential Revisions

Line 191 "The sections were all quantified by two pathologists in a blinded manner"

Line 248-250 "When the rate of the CD44v6 positive cell more than 5%, we regarded the tissue was expressed CD44v6 positively."

Comment 1) Evaluation of IHC should be in Material & Methods (in connection to line 191) rather than in results. More importantly, this is not a common way to judge standard IHC. Evaluation of standard IHC immunostainings should preferably be performed independently by at least two of the authors. The extent and intensity are most commonly semiquantitatively judged as proportion of tumour cells stained (e.g.: 0, negative; 1, less than one third; 2, between one and two thirds; and 3, more than two thirds) and intensity of immunostaining (e.g.: 0, negative; 1, weak; 2, moderate; 3, intense). If evaluations for tissue chip by IHC differ from standard IHC evaluations, you should add references to other publications using <5% as cutoff.

Discretionary Revisions

Lines 270-272: "So far, CD44v6 has been shown to be an unfavorable prognostic factor for a variety of cancers including those of the stomach [38], head and neck [39], prostate [40], and lung [22]."

Comment 2) This is not really correct. The same controversies about v6 exist in various cancers, but many studies have found the opposite, see for example Heider, K. H., Kuthan, H., Stehle, G., and Munzert, G. (2004) Cancer Immunol. Immunother. 53, 567–579.

Level of interest: An article of importance in its field

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

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