Reviewer's report

Title: Helical Intensity-Modulated Radiotherapy of the Pelvic Lymph Nodes with Integrated Boost to the Prostate Bed - Initial Results of the PLATIN 3 Trial

Version: 2 Date: 14 September 2013

Reviewer: Arndt-Christian Müller

Reviewer's report:

The authors report on postoperative pelvic IGRT (n=40) for prostate cancer patients with a high risk of/or a proven nodal involvement. The patients were enrolled in a prospective phase II study. Neoadjuvant ADT started two months before radiation treatment (duration of ADT 24 months). The trial was designed to investigate toxicity of a SIB-Boost concept (pelvis: 51Gy/prostate bed: 68Gy). Acute and late toxicity was low and early response data were encouraging with 89% PSA control after 2 years.

Taken together, the manuscript is well written and reports on superior toxicity data after high quality IGRT (daily image guidance).

There are only minor points which should be adapted.

1. Abbreviations should be explained (SDR, ITT).

2. Method section.
   The authors state that „Nevertheless, incontinence and erectile dysfunction were recorded.“ Please add the method of measuring incontinence and erectile dysfunction (ICIQ-score?, IIEF-5?, CTC?). Results of erectile dysfunction were shown in table 4. The table legend should also include the name of the score (CTC 2.0?).

3. Method section.“ The primary endpoint, the proportion (denoted SDR) of patients receiving treatment as planned and without grade 3-4 toxicity was calculated as the ratio of the number of patients fulfilling this criteria divided by the size of the ITT population, defined as all patients giving informed consent, fulfilling the inclusion/exclusion criteria and receiving planned treatment for a minimum of 4 weeks after initiation.“

   This sentence is very complex and not so easy to understand and could be modified for easier reading.

4. Results:
   „Median PSA before the start of AT and radiotherapy was 0.4 ng/ml in the adjuvant setting and 0.19 ng/ml in patients receiving salvage radiotherapy."

   Ist this right or were the PSA-levels interchanged? Usually, a PSA-level>0.4 is a recurrence (2 measurements>0.2ng/ml) leading to salvage treatment and vice versa PSA-level below 0.2 might be compatible with adjuvant treatment.
The sentence should be changed if the PSA-levels were interchanged in "Median PSA before the start of AT and radiotherapy was 0.19 ng/ml in the adjuvant setting and 0.4 ng/ml in patients receiving salvage radiotherapy." The definition of recurrence (2 measurements > 0.2 ng/ml?) should be given.

**Level of interest:** An article of outstanding merit and interest in its field

**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.