Reviewer’s report

Title: Trimodal therapy for stage III-N2 non-small-cell lung carcinoma: a single center retrospective analysis

Version: 1 Date: 30 March 2014

Reviewer: Miklos Pless

Reviewer’s report:

Summary:

In this manuscript the authors describe their experience with a trimodality approach to treat stage IIIA/N2 non-small cell lung cancer. In total 71 patients were analyzed, over a period of 7 years. The reported outcome with a median overall survival of 32 months is encouraging and toxicities seemed relatively low. Specifically, the rate of pneumonitis was acceptable and did not to impact on pulmonary function. Patients with adenocarcinomas or requiring pneumonectomy fared somewhat worse. The most common site of metastatic spread was the CNS. Local control was quite good, with local relapse rate of 12.9% only. Surprisingly patients with R1 resection did not do worse than those with a complete resection.

General remarks:

The manuscript is well written and clear. The results presented are in line with published data form many phase II and some phase III data. The obvious question is what can be learned from a retrospective analysis of such a cohort, since selection bias inherently makes it difficult to draw any firm conclusions.

Major remarks:

1. Is this an analysis of all consecutive patients? If yes state so. If not: how many were not included? How were they treated?
2. What were the reasons for using neoadjuvant vs. adjuvant chemotherapy: Was it part of a trial protocol or depending on tumor size?
3. Similarly: what was the reason for using cisplatin vs. carboplatin?
4. Since many treatment decisions are influenced by staging factors and patients’ characteristics a multivariate analysis would help
5. When was the data cut off? If it was recently, the median follow-up should be more than 30 months. In fact, looking at the survival curves it seems to be longer. Were patients that had an event perhaps counted for follow-up?

Minor essential remarks:

1. Please describe how staging was done.
2. Shorten the description of patients characteristics in the text, all is shown in the table
3. I suggest to pool lobectomy with bilobectomy and compare it to pneumonectomy, this is how most reports show it.

4. Are there any data on secondary cancers?

5. Please rephrase the introduction and discussion: in all fairness, all randomized data show a lack of effect for radiotherapy in this situation, at least in terms of survival (IFCT and SAKK trial for preoperative RT, the Meta-analysis for PORT). Anita was a retrospective unplanned subgroup analysis and the SEER data is a cohort analysis.

6. Similarly: all international guidelines state definitive chemoradiotherapy as standard treatment for stage III NSCLC: this should at least be mentioned as one other therapeutic option.

Discretionary comments:
were added to the text, please see there.

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