Reviewer's report

**Title:** Clinical Phase I/II Trial to Investigate Preoperative Dose-Escalated Intensity-Modulated Radiation Therapy (IMRT) and Intraoperative Radiation Therapy (IORT) in Patients with Retroperitoneal Soft Tissue Sarcoma: interim analysis

**Version:** 1  
**Date:** 2 July 2014

**Reviewer:** felipe calvo

**Reviewer's report:**

Exceptional prospective experience in the intensified combined modality therapy of retroperitoneal sarcomas. The approach tested is considered an optimized strategy (preoperative IMRT with integrated boost, resection plus intraoperative electron boost) in the vanguard of local treatment technologies for intra-abdominal sarcomas.

This is an early unplanned interine analysis due to slow accrued. Data is abundant and well reported: merits its publication.

There are several features pending of analysis which will enrich a more nature and extended publication or this particular manuscript if considered by the authors.

Minor comments:

1. Page 5, line 20 “IGTR with in-Room-CT” frequency of setup correction verification.
2. Page 6, line 1 “…defined high-risk region for primitive margins” : type of evaluation / assessment of the IORT target (if any; biopsies tumor bed; analysis of resected specimen; preoperative CT scan…)
3. Page 7, line 8 “high-grade lesions, predominantly liposarcomas”. Please specify incidence of liposarcoma grade 2.
4. Table 4: acute toxicity suggested to add “preoperative period”.
5. Table 7: “Present” instead “Own”
6. Page 9, line 5 “two local recurrences who observed than 5 years…” proven?; rescued by surgery? Mention this facts in the manuscript..
7. Page 12, line 20 IMRT, VMAT: mention the inclusion of the homolateral kidney in the IMRT target in patients that finally required nephrectomy.

Pending analysis (could be delayed for future reports):

a) local recurrences correlations with:
   - sarcoma volumetry
- Extended surgery
- IORT applicator size
- Intra abdominal anatomical extension

b) In-field IOERT boost topographic pattern of IMRT-boost/ relapse
c) Policy for recurrence and/or metastatic events.
d) Downsizing observations.
e) Post-irradiation histological findings