Reviewer's report

Title: Clinical approaches to treating papillary squamous cell carcinoma of the uterine cervix

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Reviewer: Floor Backes

Reviewer's report:

Nagura et al report their approaches to treating papillary sccc of the uterine cervix. The manuscript is long and the thought process and objectives are difficult to follow.

The results section is very long and can be shortened by referring to the tables and figures.

Line 86-94: this section should be in the methods and objectives for this study should be listed instead.

Line 88 and 110: do you routinely perform MRI on all patients or is this for study purposes?

Line: 110: what is the information used from MRI and how does this change surgical plans?

Line 114: what does "best surgical procedure " mean and how determined?

Line 130: if the mean age of patients is 49-51, why is preop MRI important if fertility sparing surgery is not an issue?

Line 152: confusing what patients this refers to. In other areas lines 151 and 204 no recurrences are mentioned.

Line 201: why no ckc if possible micro invasion rather than MRI if not 100% accurate?

Line 201: why radical hysterectomy and subjecting to increased morbidity?

Line 229 and 239: I am not sure where the authors found this recommendation. I do not believe this is part of nccn guidelines and most 1a1-1b1/2a tumors are also treated with surgery in the US. Please provide a reference or delete this statement.

Conclusion: why do the authors recommend MRI over ckc if a fair bit is micro invasive and would not require radical hysterectomy?

Level of interest: An article of limited interest
Quality of written English: Not suitable for publication unless extensively edited

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