Reviewer's report

**Title:** Epidemiology aspects in 11,507 Mexican children with cancer under a national public health insurance program Running title: Childhood cancer among Mexican children

**Version:** 2  **Date:** 28 May 2014

**Reviewer:** RAJARAMAN SWAMINATHAN

**Reviewer's report:**

It is heartening to note the advances that have taken place in coordinating childhood cancer services in Mexico. It is also very important to publish the results for dissemination such information among interested scientists in other countries. However, the following methodological concerns have to be carefully looked into:

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**Major compulsory revisions**

1. The database does not include variable on incidence date. This is an essential component for computing incidence rate. In this study, the numerator has been the same for calculating both prevalence and incidence proportions. By definition, prevalence includes old+new cases. Hence, the incidence statistics are wrongly computed. It will not be prudent to include incidence statistics in this study.

2. Population estimation for the age group 0-18 years is not clearly stated. This is very essential in the computation of incidence rates. Are the annual population statistics based on inter-censal estimates or post-census? How are they derived? Does the census population give statistics for individual ages (say, 0,1,2,3,4, ... 16,17,18) or 5-year intervals (0-4, 5-9, ...)?

3. How complete is the mortality statistics of childhood cancers? Are all deaths occurring among children with cancer whose deaths are not certified as cancer included? Is the quoted figures relate to official vital statistics or result of compilation of events from the hospitals' databases? All of these have implications in the final interpretation.

4. Follow up mentioned here appears to be entirely done by passive linkage of hospital databases. The closing date of follow up is not mentioned. Also, what about the proportion of cases who might be lost to follow up? In other words, what is the proportion of cases whose vital status (alive/dead/etc.) was not known at time of closing of follow up? In developing environment, acitve methods of follow up have to be employed to optimize complete follow up. This will have implications in the computed survival statistics.

5. Overall survival estimation is not done by conventional life-table methods. This is essential because censoring has to be anticipated in follow up studies.
All of the above have to be addressed to avoid wrong or non-optimal computation of respective statistics.

**Level of interest:** An article of importance in its field

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

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests.