Reviewer's report

Title: Hypofractionated stereotactic re-irradiation: treatment option in recurrent malignant glioma

Version: 2 Date: 22 March 2005

Reviewer: Brigitta G. Baumert

Reviewer’s report:

General
This is a well-written and easy to read and follow manuscript. Data contribute to our current knowledge in treating this patient group in the absence of prospective controlled and randomized studies.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
None

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Patients and methods:
Page 3, last paragraph, line 4: The term “focal” is more appropriate together with more accurate radiotherapy treatment techniques and should be reserved in my opinion for highly accurate treatments as stereotactic radiotherapy. Instead the term “local” or “involved-field” radiotherapy should be used. Same on page 6, 2nd para.

Page 4, 1st para, line 5: The authors report the use of varying margins to define the target volume. I would like to know on what this decision was based upon (e.g. in which case 1 mm preferred)?
Page 4, last line of 1st para: It seems not logic to report a dose range between two different medications, but preferably “doses ranged between 32 and 40 mg of dexamethasone”.

Discussion
Page 7, last para: Here fractionation and total dose are discussed. I have 2 remarks to this: only 58% of patients were treated with a fractionation scheme of 5 Gy and nearly the half of those only to a total dose of 20 Gy. In the view of this and that only small groups of patients are compared, the conclusion of a “borderline significance” is not sound and should be expressed more cautiously. Further would it be interesting to know why the authors chose the cut-off of 30 Gy and not 20 Gy what for me seems more logical after reading this part of the discussion? Also: it would be interesting to know on what the decision for the fractionation schedule (4x5, 5x4, 5x6 etc) was based upon? Why were fraction doses with 4, 6 or 10 Gy chosen?

Tables
At the begin of each new row use capital letters
Table 3: What were the reasons to choose the cut-off points of a Karnofsky < or > 90? Same question refers to the volume (< > 15 ml) and the total dose. Fractionation has not been looked at or is not reported. Reason?

Language
In the whole text often articles are missing, for example:
Abstract, Methods, last sentence: …., “the” median daily single dose.., “the” median total dose…etc
Page 5, 2nd line: ….using “the” log-rank test.
Page 5, line 4: …or deterioration in “the” general health status…
Page 5, 6th line from bottom: …recent histopathology of “a” grade III glioma…
Page 5, 4th line from below: …effect of “a” higher dose…
Page 6, 2nd para, line 3: ….a fourth recurrence of “an” anaplastic astrocytoma…
Etc. Please check.

Page 7 and 8: Please delete [review in…]
Page 7, 2nd para, line 6: “s” missing: .non-invasive treatment techniques….
Page 8, 2nd para, line 2: Delete second “further”:..and further chemotherapy or surgical interventions…

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

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

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests.