Reviewer's report

Title: Paclitaxel and concomitant radiotherapy in high-risk endometrial cancer patients: preliminary findings.

Version: 2 Date: 23 January 2006

Reviewer: Patricia J. Eifel

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General

The authors report results of treatment with concurrent paclitaxel and pelvic RT in patients with high risk endometrial cancer. This is a very small series with immature follow-up so the outcome data are of limited value. However, this combination has as yet been reported in only a few small series and the data regarding treatment tolerance are of interest.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The status of the PANs must be described more clearly, particularly in view of the fact that at least 2 of the 4 recurrences involved the PANs. Of pts who had lymphadenectomy, how many had PAN dissection? How many had PAN involvement? If pts with PAN+ were excluded, this should be stated in eligibility criteria. If they were included, why were the pts treated with only pelvic RT?

Survival rates should be calculated according to intent to treat. If the authors want to quote a second value for the pts who completed tx, it should be secondary.

In some respects, the toxicity is the most interesting part of this study as there are as yet only a few published experiences with combined weekly taxol and pelvic RT in Gyn patients. A bit more detail is justified. In particular, the authors should state what scoring system was used to measure acute and late effects in the Methods section. Did any patients require hospitalization or ER visits for acute toxicity?

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

The authors should add a short description of eligibility criteria in the abstract since the definitions of "high-risk" can vary widely between investigators. The description in the M&M also remains a bit ambiguous. For example, would a patient with stage IIIA disease (washings only) who had cervical stroma involved have been eligible?

The authors refer to a "median time to recurrence." Most investigators understand this term to represent the median time to event for all patients (not reached in this series) unless otherwise stated. The authors could amend this to "median time to recurrence for the 4 patients who relapsed" to avoid ambiguity. However, with only 4 events, it makes more sense to just list the time to rec. for each of the four (presumably 3, 19.2, 28 mos and one other).
State the years pts were accrued to the study.

M&M: "All were surgically staged..." Today, this statement would usually imply that the patients did have lymphadenectomy. It would be more accurate to state, e.g., "Patients were classified according to the FIGO surgical staging system based on findings from TAH-BSO... etc. and, in 13/23 patients, lymphadenectomy."

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.