Reviewer’s report

Title: Residual neurotoxicity in ovarian cancer patients in clinical remission after first-line chemotherapy with carboplatin and paclitaxel. The Multicenter Italian Trial in Ovarian cancer (MITO-4) retrospective study.

Version: 1 Date: 2 November 2005

Reviewer: Paul Sabbatini

Reviewer’s report:

Major Compulsory Revisions:

1. The work of Vasey et al. JNCI 17(22) 1682-91 could be referenced, and can be incorporated into the discussion as it represents one of the few large prospective studies with validated neurotoxicity instruments that can help establish a baseline with paclitaxel and carboplatin.

With regards to the abstract:

The introduction and methods should state where the patient cohort in this retrospective study comes from and how selected.

The results section should be clarified. There is a “23% rate of residual neurotoxicity” at the “most recent followup (which is at a median of 18 months)”, yet a “15% rate of neurological toxicity 6 months after the end of chemotherapy”. Is this congruent? It gets worse over time?

With regards to the manuscript:

The Vasey reference could be added in the introduction to help set the expected baseline during treatment.

In patients and methods: How was the neurotoxicity data collected in the original trials? Patient self assessment? Instrument? Physician scored? And when patients came for the followup visit, was it a physician assessment only?

“Details of the pharmacologic treatment for neuropathy” were collected. What about this in results? There is no further mention in the manuscript. Were treatments given? Did they make a difference?

The conclusion discusses a variety of pharmacologic interventions not tested here (see above). One might move this to the discussion only if there are no results to report.

In results, last paragraph, the “probability of neurologic toxicity” was 14% at 1 year, and 11% at 2 years. Is this congruent with numbers reported in the abstract? It would also be helpful to consistently define neurological toxicity as GI and G II separately from G III as they have important clinical implications.

In the Discussion, it would be interesting to include the concept of consolidation as another area for which neuropathy might need to be considered. (Markman et al J Clinical Oncology JCO: 2460-2465.2003).

What next? Accept with major compulsory 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.