Reviewer's report

Title: Adjuvant breast cancer chemotherapy during late-trimester pregnancy - evidence-based standard of care, or irrational fashion?

Version: 1 Date: 26 October 2006

Reviewer: Marco Colleoni

Reviewer's report:

General
Epstein focused on the management of breast cancer onset on the late trimester pregnancy. This is a controversial issue, raising some clinical and ethical questions.

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Major compulsory revision
The role of adjuvant chemotherapy in reducing the risk of recurrence and death is well established. Many retrospective data have shown that chemotherapy delay may be deleterious, specially in the presence of endocrine unresponsive disease, where the chemotherapy issue is crucial. So, by the mother point of view, the delay after 34 weeks cannot be acceptable. The role of early starting of chemotherapy should be discussed.

Some data with the use of adjuvant weekly epirubicin in peculiar situation (i.e elderly breast cancer patients) have shown a significant impact in terms of disease free survival. Moreover, the similar efficacy of weekly versus standard dose (every three weeks) of some cytotoxics is established. This should be discussed.

The issue of safety of chemotherapy administered during pregnancy, usually after the 16th week, has shown a good acute toxicity profile, although the long term toxicity cannot be excluded.

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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 discussion on the risk of subsequent infertility to justify the choice to postpone chemotherapy in order to safe the ongoing pregnancy is quite hard and should be discussed taking into account the risk of recurrence with the individual patient.

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Discretionary Revisions (which the author can choose to ignore)

In the introduction, the choice of the late trimester should be explained. In the conclusion, the “figure” of the oncologist does not reflect the reality. The oncologist, who often is involved in decisions and discussions regarding very young breast cancer patients (whose prognosis is shown to be poorer that less young patients) without ongoing pregnancy but with hope of subsequent pregnancy, are often to face ethical issue of the presumed patient benefit. This aspect cannot be ignored.

What next?: Reject because scientifically unsound

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 I have no competing interest