Reviewer's report

Title: TP53 status and taxane-platinum versus platinum-based therapy in ovarian cancer patients: a non-randomized retrospective study.

Version: 1 Date: 4 September 2007

Reviewer: Tiziano Maggino

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The paper requires substantial revision:

INCLUSION CRITERIA:
The study analyzes 452 out of 899 patients treated during 15 years. As the analysis cover about half of the patients observed, the inclusion criteria should be better defined and the causes of exclusion described for each category.

What does mean: adequate staging procedure?
Why to exclude grade I tumours?
Why to exclude cases with positive second look?

Inclusion criteria enclosed availability of follow-up but median of follow-up in months was low with minimum 1 month in PC/PAC group and 4 month in TP group.

RESULTS

It is not clear the exact number of patients which achieved a complete response and among these how many were clinical and how many pathological response.

To enclose endometrioid and clear cell carcinoma in the same subgroup is arbitrary.

Table 2 reports statistical analysis but not the crude number of patients for each category. Interpretation of the data in this table is not easy.

Table 3: final odds ratio is not clear, please define better in material and methods and not at the end of the table.

As the matter of facts I do not know if the additional files provided with the submission of the paper will be enclosed in the publication, however the tables 2 and 3 require a better organization of the data.

Another point which requires an explanation is why it was chosen the cut-off of 53 years og age; There is any statistical implication for this? If yes, please define in Material and Methods.

This is an important issue because the major points of the results session are based on different chemotherapy sensitivity in respect to age of patients.

To demonstrate this point it is necessary to elucidate if surgery was the same in the two group of age, if tumour bulk was comparable, if performance status, concomitant pathology, percentage of ancillary interstinal surgery were balanced.
in the younger versus older patients.

Another important point is feasibility of chemotherapy. I understand that the planned chemotherapy was PC/PAC 6 cicles vs TC 6 cicles but how many patients were able to receive effectively the planned regimen? Which doses of chemotherapy were administered considering that it is a multicentric trial and among consequently a variability in the schedule centres is inevitable?

In the opinion of this reviewer the argument of this paper is interesting but in order to have more convincing final conclusions is necessary to improve the presentation of the data with more detail concerning the comparability of the two subgroup observed in two different and long period of time.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the 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, the manuscript does not need to be seen by a statistician.