Reviewer's report

Title: Impact of age, leukocyte count and day 21-bone marrow response to chemotherapy on long term outcome of children with Philadelphia Chromosome-Positive Acute Lymphoblastic Leukemia in the pre-Imatinib era: results of the FRALLE 93 study

Version: 1 Date: 3 November 2008

Reviewer: Richard T Maziarz

Reviewer's report:

I agree that it should be excepted but it also should be revised.

To bring closure, here are my comments:

1. The description of these 36 children and how they were managed, is quite incomprehensible when described in the text of this manuscript. However, what would make it is very easy to understand and is commonly provided, is to have a table of all 36 patients (y axis) with key events/endpoints listed on the X axis. The matrix would then identify the high risk patients from the low risk patients and who got transplant and what type (auto vs sib vs unrelated, matched or mismatched), and what their outcomes were. Many of the details within the text would then be easier to understand.

2. Within the abstract, the last sentence of the results regarding the outcome between transplant stratified groups should include the exact P. value (=0.14). It is listed within the text; no reason not to include it here.

3. Reference 14 should be given more detailed discussion. Although this was presented in abstract form, this was a plenary presentation at the ASH 2007 meetings. Given the fact that the results presented by Schultz et al will define the management of PH+ ALL in modern era, the reader will want to see these data described in detail within this manuscript.

4. Within table 1, the pro-phase treatment week with prednisone and intrathecal methotrexate should be included.

5. In the results section, the beginning of paragraph 4 should be corrected to read "Table 2".

6. Within the discussion, the authors could propose how they might use the indicator data that they have obtained to establish trials within the modern era. In the United States, there is consideration for a national trial comparing adults with Ph+ ALL, who gain complete remission to be randomized to either allogeneic transplantation or continuous dasatinib. Again, given the results of this pediatric analysis, this would be appropriate to combine with information learned from Schultz et al to discuss potential futures. Alternatively, the authors could update the current approach to pediatric Ph+ ALL in France and how their data may be incorporated.
I hope these comments are still of use in helpful to the authors. I feel quite strongly that the manuscript would be improved by the inclusion of the table described in point #1.