Reviewer’s report

**Title:** Response of the primary tumor in symptomatic and asymptomatic stage IV colorectal cancer to combined interventional endoscopy and palliative chemotherapy

**Version:** 3 **Date:** 27 March 2009

**Reviewer:** Paolo Bruzzi

**Reviewer’s report:**

I have assessed this paper starting from the Comments of the two previous reviewers. I agree with them that this paper is important to reinforce the argument against the routine use of surgery on the primary tumor in patients with metastatic CRC. The results of this trial may encourage large and more rigorous studies on this issue. I also agree with the revisions suggested by the previous reviewers, most of which were taken into account in the revised version.

However, in this new version, some of the suggestions were not addressed:

- a comment is still missing on the small size of this study and on its limitations
- there is no discussion of the odd observation that some patients required further debulking despite the regression of the tumor
- The concept of endoscopic regression is now considered, but not adequately addressed. Which criteria were used to define a regression?
- Patients in group II are still considered as partial responders.

I have also a few considerations of mine:

- The 1st sentence of the Abstract ‘Chemotherapy for metastatic colorectal cancer (CRC) is generally combined with surgery of the primary tumor’ is in contradiction with what said in the Background section, and it is not correct. It should be replaced with a general consideration on the debate on the role of surgery in MBC, such as that present in the background section (surgical treatment of the primary tumor in non-curatively resectable stage IV disease is still a matter of discussion).

- I wonder if all endoscopic regressions can be entirely attributed to chemotherapy, since 18/20 patients underwent endoscopic tumour debulking ‘prior or in parallel with chemotherapy. The Authors should be clearer on this point

– Quality of life is crucial in evaluating these results, and PS is an important component of QoL. The statement ‘In most of the patients, performance status improved after the start of the combined treatment.’ is too generic and should be modified: How many patients experienced the improvement, and what was its extent? A table with pre-treatment PS and PS at, e.g., 3 months (or the best PS achieved during treatment) could be helpful, because 13 patients had a PS of 0-1
at baseline, and little improvement can be seen in these patients. The same applies to symptoms

- The Discussion is too long, with repetitions.

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**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.

**Declaration of competing interests:**

I declare that I have no competing interests