Reviewer's report

Title: Video-assisted Radiofrequency Ablation for Pleural Disseminated Non-small Cell Lung Cancer

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Reviewer: Stefania Camagni

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MAJOR COMPULSORY REVISIONS

- The hypothesis the authors want to verify is well defined: they compare R-TP and TP to determine whether R-TP is technically safer and oncologically more adequate than TP in the treatment of advanced NSCLC with pleural dissemination. However, I think it is not correct to compare them in terms of safety since RFA is an invasive procedure; moreover, I think it is not correct to compare them in terms of oncological efficacy since RFA is the therapy of the tumor while TP is the prophylaxis or therapy of pleural effusion, which is an epiphenomenon of the tumor. I wonder why the authors did not compare two different therapies of the tumor, like R-TP and lung resection with or without parietal pleurectomy combined with TP.

- It is not clear whether the authors propose R-TP as the treatment of advanced NSCLC with pleural dissemination only to patients with poor lung function or to the operable ones too.

- The authors do not specify which kind of study they performed (controlled cohort study?).

- The plan of the study is not well defined: paragraphs Patients and Methods and Clinical Features suggest that the patients with intraoperative diagnosis of pleural dissemination underwent TP from December 2005 to June 2006 and R-TP from July 2006 to June 2008, but this is not explicit; if this is true, I wonder why the patients with intraoperative find of pleural dissemination were 24 throughout 6 months and 21 throughout 2 years.

- The number and volume of the lesions treated by RFA are not reported.

- The authors tell nothing about post-operative treatment (chemotherapy, targeted therapy, supportive therapy), which is mentioned only in Tab 1.

- In the paragraph Comment the authors compare the complications of R-TP in their study and the complications of percutaneous RFA in the literature, assessing that those of R-TP are fewer than those of percutaneous RFA. I think it is not correct to compare the data of the current study (2 complications among 21 patients) and the data of the literature, which are about a greater number of patients surely.

Level of interest: An article whose findings are important to those with closely
related research interests

**Quality of written English:** Acceptable

**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