Reviewer's report

Title: Organ-specific and tumor size-dependent response to sunitinib in clear cell renal cell carcinoma

Version: 1 Date: 14 September 2013

Reviewer: thomas schwaab

Reviewer's report:

This report attempts to identify predictors for ultimate response to TKI, or rather: only sunitinib. In general, this manuscript is a poor scientific report. The background is too short and does not accurately reflect the development in TKIs and predictors for response over the past 2 years. The n=38 is a surprisingly low number of patients to be enrolled in such a significant scientific project. 8 patients did NOT have a cytoreductive nephrectomy. This appears to be comparing apples to oranges. On page 5, it appears that the primary kidney tumor was included in the statistical analysis. It is by now well-established that the primary tumor will show the least tumor response. The method of describing treatment response under "statistical analysis" on page 5 is not well established as a response assessment. On page 5, it is mentioned that there were 19 (!) indicator kidney lesions; yet only 8 patients did NOT have a nephrectomy. So, are these kidney lesions truly "metastatic " RCC or simple cysts? Page 7 does not make any sense whatsoever: the authors go to great length to define predictors for 30 and 50% size reduction, but why does this matter clinically. There is no correlation with survival. Similarly, in the next paragraph there is a correlation between lung lesions and CRP, but there is no scientific explanation for this. In summary, this paper fails to show clinical significance.

Level of interest: An article of insufficient interest to warrant publication in a scientific/medical journal

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

this report attempts to identify predictors for ultimate response to TKI, or rather: only sunitinib. In general, this manuscript is a poor scientific report. The background is too short and does not accurately reflect the development in TKIs and predictors for response over the past 2 years. The n=38 is a surprisingly low number of patients to be enrolled in such a significant scientific project. 8 patients did NOT have a cytoreductive nephrectomy. This appears to be comparing
apples to oranges. On page 5, it appears that the primary kidney tumor was included in the statistical analysis. It is by now well-established that the primary tumor will show the least tumor response. The method of describing treatment response under "statistical analysis" on page 5 is not well established as a response assessment. On page 5, it is mentioned that there were 19 (!) indicator kidney lesions; yet only 8 patients did NOT have a nephrectomy. So, are these kidney lesions truly "metastatic " RCC or simple cysts? Page 7 does not make any sense whatsoever: the authors go to great length to define predictors for 30 and 50% size reduction, but why does this matter clinically. There is no correlation with survival. Similarly, in the next paragraph there is a correlation between lung lesions and CRP, but there is no scientific explanation for this. In summary, this paper fails to show clinical significance.