Reviewer's report

Title: Sentinel lymph node biopsy in melanoma: Our 8-year clinical experience in a single French institute (2002-2009)

Version: 2 Date: 11 August 2012

Reviewer: ali cadili

Reviewer's report:

-The authors mention that vital blue dye was used in only 9 patients; they also mention, elsewhere, that 6 patients failed the SLN procedure. Did any of those 6 patients have the vital blue dye used on them for the SLN procedure? Can the authors offer any insight as to how the vital blue dye was used so infrequently (was this merely surgeon preference)?

-The 2nd sentence in the "Surgical and adjuvant therapy" section on page 5 should be re-writtent so as to remove any ambiguity. I believe the guidelines state that interferon should be offered to two groups of patients: 1) patients with a primary that is equal to or greater than 1.5 mm thickness PLUS positive nodes, 2) high risk primary tumours (even with negative nodes)

-The authors state that in 67% of cases only one SLN was harvested; the authors should expand on the acceptable maximal number of SLNs that can be harvested during this procedure as well as the criteria they used intraoperatively for deciding on the number of nodes they choose to harvest; other larger series have reported a higher number of SLNs typical harvested during this procedure

-The authors state that only 95% of patients proceeded to additional dissection after a positive SLN result. Given that most guidelines recommend additional dissection, the authors should mention the reasons those 5% did not get further surgery (ex: types of medical comorbidities, refused consent)
Also, did the authors' follow up data reveal that those 5% had any higher recurrence rates than the 95% of patients that did receive additional surgery?

-An inclusion of the number and types of complications of completion lymph node dissection (following SLN biopsy) would greatly enhance the paper

-The authors need to expand on the various attempts made by others to define specifically which SLN-positive patients are more likely to benefit from additional nodal dissection. They did briefly allude to this in the Discussion section but a further discussion and inclusion of the following references MUST be carried out and would greatly enhance the manuscript:

Total sentinel lymph node tumor size predicts nonsentinel node metastasis and survival in patients with melanoma.

Cadili A, Scolyer RA, Brown PT, Dabbs K, Thompson JF.


**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.