Reviewer's report

Title: Is there only one cachexia? Evaluation of routine laboratory parameters in patients with different diseases that can cause cachexia

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Reviewer: Maurizio Muscaritoli

Reviewer's report:

The paper addresses a relevant clinical topic, i.e. the pathogenesis, definition and classification of cachexia in cancer and chronic diseases. The article could be of interest for the Journal. However, a number of major flaws prevent its publication in the present form. The reasons are listed below:

1. the manuscript does not fulfill the editorial rules: the "Methods" section should be placed before the Results and Discussion Section".
2. The manuscript contains several typing mistakes and the overall english form should be improved. Pages and lines are not numbered.
3. The aims of the study are not clearly identifiable.
4. The authors refer to the diagnostic criteria for cachexia proposed by Evans et al in 2008. However, they classify their patients as cachectic, based uniquely on the presence of weight loss >/= 5% in 12 months. This is not acceptable, since WL is a component of cachexia, but cannot be used as a unique indicator. Moreover, it would appear that WL in "non-hematological" patients occurred in 14.53+/- 17.93 months, a period which exceeds the cut-off value (12 months) proposed in the Evan's paper. So, it would appear that, unlike what stated in the "Evaluation of patients" section, patients did not fulfill "main criteria for the diagnosis according to the consensus document". In this respect, some authors in ref. n. 8 are mis-spelled.
5. The authors should also take into consideration the recent definition and classification of cancer cachexia (Fearon et al. Lancet Oncology, 2011).
6. Considering the title and the background and conclusive considerations drawn by the authors themselves regarding the possible existence of "different cachexias" it is not clear (and I totally disagree with this approach) why patients with solid tumors and heart failure were examined together. The authors should explain the reasons for this choice. Stage of disease for solid tumors and NYHA classes for heart failure patients should be reported.
7. Box-and-whisker diagrams should be used for the graphic representation of CRP and Hb values in the different populations of patients.
8. Units (%) are not indicated in Figs 1-3. Maximum value should be 100% and not 90%.

Quality of written English: Not suitable for publication unless extensively edited
**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