Reviewer's report

Title: Impact of removing mastoid process procedure for advanced parotid cancer on identifying, preserving, and reconstructing facial nerve

Version: Date: 5 February 2014

Reviewer: Tam-Lin T Chow

Reviewer's report:

Major Compulsory Revisions needed.

This is an interesting short report on the efficacy of cortical mastoidectomy for locally advanced parotid cancer regarding facial nerve exposure, preservation and reconstruction. Moreover, negative margin can be achieved more easily. This issue is seldom discussed in literature.

However, several points are suggested for revision by the authors before the manuscript can be published in Head & Face Medicine.

1. Preoperative H-B score of any facial dysfunction should be presented in the Results.

2. Grammatical errors are present throughout the manuscript. They needed correction. The authors are advised to seek help from an English-speaking person to make the manuscript more presentable in an English journal.

3. The title is advised to change to "Impact of removing mastoid process for advanced parotid cancer on facial nerve identification, preservation and reconstruction"

4. The running title should change to "removing mastoid process for advanced parotid cancer"

5. The methods of facial nerve reconstruction after its sacrifice should be mentioned eg nerve graft. The final H-B score after reconstruction should be reported in the Results.

6. Ideally, a historical cohort (without mastoid procedure) for comparison with the current series (with mastoid procedure) is more convincing to the readers regarding the benefit of the additional procedure. This can be presented in Results or Discussion.

7. Technically, bone rongeur was used by authors for mastoidectomy in the Surgical Procedure. What is the idea of using electrical burr? This can be discussed in the Discussion.

8. Authors will consider mastoidectomy if the tumour is more than 4cm and fixed. The location of tumour does matter. A large but peripherally located cancer can be normally removed without mastoidectomy. Please discuss the indication of mastoidectomy more clearly in the Discussion.

9. Table 1 contain too much information. I suggest to divide the Table 1 into 3
tables: Table 1 for the demographic and clinicopathologic data. Table 2 for preoperative and postoperative H-B score. Table 3 for operative findings, duration of mastoidectomy, distance between tumour and mastoid process, the expanded working space after mastoidectomy, size of mastoid removed.

**Level of interest:** An article of importance in its field

**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.