Reviewer’s report

Title: Carinal Surgery: Experience of a single center and review of the current literature

Version: 1 Date: 10 April 2010

Reviewer: Efstratios Apostolakis

Reviewer’s report:

Dear Editor,

The present paper seems highly interesting since it refers to the remarkable field of sleeve carinal pneumonectomy. It is considered to be a difficult operation, rarely performed in a small sub-group of patients suffering from lung carcinoma infiltrating the trachea or even in cases of primary tracheal tumors. It is a scarcely studied field and its indications are still under debate. Therefore, despite the small number of the included patients, I believe this study could be published in the “J of Cardiothoracic Surgery” after some necessary revisions. The main suggestions to the authors consist of the following minor revisions:

1. Generally, the writing-style of your study seems to be such as the slides of a presentation. The abstract, the material and methods, the results, as well as some part of the discussion have a slide-form as in a presentation (e.g. 1)…, 2)…, 3) ….etc). These scant phrases should be filled in more details and epexegeses.

2. Page 2: In “Results” of the abstract the time (and mean-time) of the follow-up should be added.

3. In page 3: In “Introduction” the authors reported a “…5-year survival up to 40%” from the reference 2, while in your table 2 is reported survival up to 44% (references 8 and 11).

4. Page 3: The name of the surgeon should be added in parenthesis, after the “senior author of the paper” (e.g. Y.V. or P.H.).

5. Page 4: Did you preoperatively submit every patient in PET-scan or only those having possible infiltration of the carinal area? Please clarify it in your protocol.

6. Page 5: According to your algorithm, the indication for a bone-scan is raised only for patients with clinical findings of possible bone metastasis. In a similar way, CT-brain was indicated only for patients suffering from head-ache and not routinely for every patient having lung carcinoma. Is it so? Do improve your algorithm separately for the cases of pre-existent CT-brain and/or pre-existent bone-scan.

7. Page 5: Instead of the reported title “Results” it would be better to give another title such as “Perioperative anesthetist and surgical maneuvers” or divide it in “Anesthetic strategy” and “Surgical strategy”. In addition, it would be abolished the repeated numeration (1), 2), 3), etc).
8. Page 5: In your surgical strategy you could add some instructive or didactical details. For example, in 4 you could report if you did frozen biopsy (and when), while in 5 you could report some technical details (how many tracheal and bronchial rings were removed, the performed mode of dissection, stay-sutures, the maneuvers on the bronchial arteries, etc).

9. Page 5: In 7, could you please report, when in your opinion the margins of the resected tumor are questionable?

10. Page 6: In 9, you could enrich your description of surgical methodology with details about the construction of the anastomosis (why continuous and not interrupted as they mostly did?, why not Vicryl-sutures?, site of beginning of the anastomosis?, did you perform a hydro-pneumatic test for better control of the anastomosis?, etc). You could additionally comment on some of these details in your discussion part.

11. Page 6: In 10, did you perform the telescopic technique in some cases?

12. Page 6: Your “key technical aspects” could be incorporated in the earlier reported Anesthetist and (the 3 ns 4) and surgical (the 1 and 2) steps.

13. Page 6: The title “Results” should be added before your “Our experience consists of 8 patients...”.

14. Page 6 and 7: The numbering 1 to 5 would be abolished because it recalls a slide.

15. Page 7: In 2, you could report the number and the type of carcinoma (just it is reported in the table 1).

16. Page 7: In 3, you could add a brief description of every case and abolish the arrangement of a slide you did.

17. Page 7: in table 1, an additional column including the corresponding survival of every patient (in months) would be need. This summary of this information would be also reported in your “Results” and/or in your “Discussion”.

18. Page 7: In abbreviations of the table 1 you did not include the “SCC”.

19. Page 7: Mortality and morbidity of your group of patients should be reported (e.g. the time of restenosis, the outcome of stenting, etc).

20. Page 7 (bottom) and page 8 (top): It would be useful to report -and later to comment in your discussion- the observation that the two patients with N2 disease, both had the worst outcome (early recurrence and metastasis).

21. Page 9: The case of SVC infiltration should be written in text form (not as a slide) associated with 1 or 2 references.

22. Page 12: The knowledge about the 5-year survival is not well documented with corresponding references.

23. Finally, you could consider including some severe (in our opinion) corresponding references, such as the following:


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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I have no competing interests