Reviewer's report

Title: Coexistence of old pulmonary tuberculosis lesion as an independent prognostic factor for squamous cell lung cancer survival

Version: 1 Date: 29 March 2013

Reviewer: Chih-Hsi Kuo

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Major Compulsory Revisions

This study addressed the issue of old pulmonary tuberculosis in a cohort of NSCLC with background of East Asian ethnicity. Zhou et al. has conducted a retrospective review of 782 surgically treated NSCLC patients in attempt to determine the association of survival outcome and old pulmonary TB. Although this study involved a large scale population, several major points are needed to be addressed.

1. The author mentioned that all of the study population underwent surgical resection as the primary treatment. However, in Table 1 they displaying patients with stage 3 and 4. This is very confusing that the curative resection normally is not the option for advanced NSCLC.

2. Author should reduce the heterogenicity as a result of population with all stages of NSCLC, probably through treating them separately such as early- or advanced-stage at the moment of diagnosis. As we are aware of that the prognosis and outcome of early or advanced NSCLC is very different. Pooling different stages of patients together will enormously confound the result to be interpreted.

3. In Table 2, the expression of “adjuvant therapy” in stage 3 and 4 patients is confusing; author should clarify the treatment of adjuvant therapy in stage 3 and 4 NSCLC patients; as this practice seems not to be the standard care of advanced NSCLC.

4. In order to analyze survival outcome, author should provide the information regarding to the post-surgical recurrence, all-cause mortality and cancer-related mortality. This is crucial to clarify the part that TB plays in the survival outcome.

5. Moreover, information regarding to patient’s treatment when undergoing post-surgical relapse also imping upon survival outcome. Did they receive palliative chemotherapy, radiotherapy or best supportive care alone? These under-addressed variables could directly play huge part in survival outcome not less than old pulmonary TB, thus should be provided.

6. In discussion section, paragraphs about the EGFR-mutation and macrophages were confusing; as the connection of them with the results presented in this study seemed loose. For instance, fibrotic old pulmonary TB is generally deemed as quiescent; while author stressed the immunological reaction of M1/M2 in
response to TB infection or reactivation which is not in accordance with patient’s background in the study. Content of discussion should better reflect the insight of main results.

7. The form of language used in the manuscript was not the academic fashion in many places, and these should be polished by a native English speaker specializing in academic writing.

Level of interest: An article whose findings are important to those with closely related research interests

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

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests