Reviewer's report

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

**Version:** 1  **Date:** 2 April 2013

**Reviewer:** Yang-Hao Yu

**Reviewer's report:**

This study indicated old pulmonary Tb lesion is an independent factor to predict poor outcome (survival) for patients with squamous cell lung cancer. The authors did a great job to retrospectively review 782 NSCLC patients who underwent surgical resection in 2006.

Since conflict reports revealed recently regarding the issue raised in this study, it will be an interesting topic to research.

**[Abstract]**

The English writing can be improved.

There is no significantly (?) difference between survival outcomes of all non-small cell lung cancer lung cancer (duplicate) in patients with tuberculosis and without tuberculosis.

The abbreviation “SCC” was not explained.

**[Background]**

Adequately to elicit interesting for this study

**[Methods]**

Three independent reviewers to review chest the CT to survey if pulmonary Tb lesion present.

I wonder what major fields for these reviewers are, chest surgeon or radiologist, no radiologist listed in the authors. The reference listed for CT characteristics to diagnose tuberculosis seems not solid enough.

As a reader, I would like to know more information about these TB lesions. Is there any subtype of Tb lesions (contra- vs ipsilateral, with Tb lymphadenopathy vs without, or advanced extension vs. mild disease status) posed worse outcome to lung cancer patients.

**[Results]** Acceptable

**[Discussion]**

1. Different conclusion between Kuo’s and this study. The authors only
mentioned that Kuo’s study focus on advanced stages (III, and IV), and thus not representative of the general lung cancer populations.
As a reader, I will expect the authors to re-group their patients, focus on the same stage, and give a more reasonable comparison.

2. Inadequate discussion on macrophage M1 / M2.
The authors point out that M1 type macrophage is associated with tumor suppression, and attempt to set up the fundamental thesis of poor outcome in pts with for SCC. However, they did not deeply give more information. Readers may expect to know what different macrophage population between SCC and Adenocarcinoma, and what macrophage subtype is dominant in Tb lesions or Tb patients.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests