Reviewer's report

Title: Late pulmonary metastases of renal cell carcinoma immediately after post-transplantation immunosuppressive treatment: a case report.

Version: 3 Date: 18 November 2007

Reviewer: Kerry Tomlinson

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Findings that shed new light on the possible pathogenesis of a disease or an adverse effect

Has the case been reported coherently?: No

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: No

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Comments to authors:

General
The increased risk of renal cell cancer (RCC) post transplantation is well known, as is late recurrence in RCC. The interest in this case and subsequent discussion of immune surveillance therefore hinges on the relative increase in risk in the immediate post transplant period. This has not been discussed fully.

The recurrence rate of symptomatic RCC post transplantation is >26%. UISS guidelines for RCC follow up suggest routine screening for 9 years post T2 tumor (although other guidelines are not so cautious). 13% of all cancers reoccuring post transplantation do so after 5 years. There have been previous case reports of late recurrence of RCC post transplant.

Occasional cases of this nature are therefore expected. To add to the understanding of this subject the authors should discuss the specific increase in risk of recurrence that occurs soon post transplantation. They could approach cancer registries for more detail.

The discussion is difficult to follow. There is repetition of the main points, some
assertions are stated as fact without referencing. Other factors which could have changed post transplant are not discussed in more rigour. I would agree with the authors that the most likely sequence of events is that immunosuppression caused immunesurveillance to fail and tumor escape to occur. However as that is an accepted veiw this case report only adds to the literature if this view is discussed more rigourously.

Revisions necessary for publication

Introduction: provide references for previous case reports of RCC soon after transplant.

Case presentation: provide details of immunosuppression regime

Discussion: Discuss clinical evidence from registries / other literature of relative increase in risk in early post transplant phase

The sentence "Tumor cells arising in the presence of a fully functional immune system are less immunogenic than those developing in immune supressed individuals" does not make sense or add to the discussion. If they are less immunogenic how are they more likely to be kept under control? - it should be removed or explained.

The sentence "However, circulating tumor cells in patients in long remissions who are most likely cured...." is wooly and not referenced. The authors ahve already discussed that RCC can recur after many years. How was it determined that patients were "most likely cured" rather than on route to a later recurrence?

The authors discuss "various factors" that affect tumor dormancy. They should consider whether any other of these factors change post transplantation.

"Most likely" at the begining of paragraph 2 should be changed to "we propose" or something similar.

What next?: Revise and resubmit

Quality of written English: Acceptable