Reviewer's report

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

Version: 3 Date: 6 December 2007

Reviewer: Richard Borrows

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: An unexpected event in the course of observing or treating a patient

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Comments to authors:

General

An interesting report. My comments are as follows

1] More information on imaging is required. Was there any evidence of a renal mass at initial presentation in 1986; what was the diameter of the lesion when initially found. This is of particular relevance as the guidelines of the American Society of Transplantation (Kasiske et al. AJT 2001. 1 suppl. 2: 3-95) suggest 2 years free from disease prior to transplantation, but 5 years if "large";

2] Why was the scan in 1992 performed - was it just a surveillance scan, or was it clinically indicated

3] It is reasonable to have the formal tumour stage as pT2pN0M0, but could this be described also for the non-oncologist and non-urologist

4] It is important to state which immunosuppression regimen was administered. In particular which calcineurin-inhibitor was used, and was induction antibody given. This will give a guide to the overall initial immunosuppressive burden. Was
immunosuppression augmented at any stage post transplantation, for instance as a treatment for acute rejection?

5] Figure 1 is probably unnecessary

6] Figure 2 requires more explanation for readers unfamiliar with this technique

7] In the discussion the argument as to whether this was a coincidence, or whether this was a result of immunosuppression should be made. The authors references point to previous "late" recurrence without immunosuppression. What is the evidence supporting this being immunosuppression-related.

8] What implications does this case have for managing patients with prior malignancy post transplantation? This should be briefly discussed.

9] Has DNA microsatellite analysis been used in this context previously?

10] 3rd page; 4th line from bottom in paragraph "case presentation": "functional" is incorrectly spelt

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Revisions necessary for publication

As above

What next?: Accept after minor revisions

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