Reviewer's report

Title: Eradication of intractable malignant ascites by abdominocentesis, reinfusion of concentrated ascites, and adoptive immunotherapy with dendritic cells and activated killer cells in a recurrent lung cancer patient: a case report

Version: 7 Date: 14 April 2008

Reviewer: Masato Okamoto

I am familiar with the literature and believe that this case meets one of the 9 criteria for evaluation in the journal: Other

If other, please specify:

New type of therapy for cancer

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: No

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

In this manuscript, authors demonstrates the effect of immunotherapy for recurred malignancy, however, immunological analysis is not enough.

1) Authors should clarify whether the cells administered into the patients were really DCs or not, and what phenotype of DCs(?) were injected. Authors should analyze and describe the phenotype of the cells in more detail, for example surface markers, HLA class I, CD1a, CD11c, CD14, CD40, CD80, CD86 except for HLA-DR and CD83, and cytokines produced by the cells, IL-12, IL-10, TNF-alpha, etc.

2) Furthermore, authors should clarify whether the cells called “DCs” by the authors present tumor antigens and induce antigen-specific CTLs or not.
The results of Fig.2b are not able to induce the opinion that the lymphocytes obtained from ascites were specific for the autologous tumor cells derived from the patient. Allogeneic tumor cells should be used as target cells in this analysis.

3) In table 3, markers of NK cells, NKT cells, gamma-delta T cells should be also analyzed.

4) Although Table 3 indicated that TILs from ascites contained 97.3% CD8-positive and only 7% CD4-positive, most of the infiltrates were CD4-, CD3-positive after treatment. The reason of this change should be explained.

5) Authors called the lymphocytes obtained from the ascites “TILs”, is this correct?

6) Both “INF” and “IFN” were used as an abbreviation of interferon. It should be consistent.

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