Reviewer's report

Title: Cutaneous lupus erythematosus after treatment with paclitaxel and bevacizumab for metastatic breast cancer: a case report

Version: 1 Date: 3 July 2010

Reviewer: Kathryn Ruddy

Which of the following best describes what type of case report this is?: Unreported or unusual side effects or adverse interactions involving medications

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: No

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

Major comments:
Though I would defer to dermatologic experts regarding how specific these pathologic and antibody findings are for drug-induced lupus, if these findings are highly suggestive of drug-induced lupus, I believe this case report will interest medical oncologists. Paclitaxel-bevacizumab is a very common first line therapy for metastatic breast cancer, so new information about toxicities of this regimen has the potential to inform management of symptoms (including earlier referral to dermatology in the setting of rash, perhaps).

In the abstract, it is stated that the serum anti-SSA and anti-SSB antibodies disappeared shortly after the drugs were stopped—this should be included in the
actual case presentation as well, in addition to the timing of the rechecks and what the levels of those and anti-ENA were over time. Also, were there any other unusual laboratory abnormalities identified over the course of this patient’s treatment with paclitaxel-bevacizumab? Were liver function tests and creatinine normal at baseline?

Minor comments:
I would remove “s” from “years” in first line of case presentation section of abstract, I would add an “a” to “disappered” to make “disappeared” in the final line of that section, and I would change “discontuation” to “discontinuation” in that line as well. Also, I would write “atypical” rather than “untypical” in the conclusion of the abstract.

In the 4th line of the introduction, after “syndrome”, I would eliminate the comma, replace “which” with “that”, and add “s” to “share.” In the next sentence, after “agent”, and in the first sentence of the next paragraph, after “antibody”, I would suggest the same style change, replacing “which” with “that” and eliminating the comma before that word.

In the first sentence of the case presentation, I would add commas after “2003” and “2005,” as well as after “2007” in the following paragraph. In the second paragraph of that section, I am not familiar with the term “residive,” so I worry the readership may not be either.

In the final paragraph of the discussion, I would remove the comma after “In our case it is probable” and after “specific for these drugs because it did not reappear.”

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

**Declaration of competing interests:**

I declare that I have no competing interests