Reviewer's report

Title: Non-small cell lung carcinoma in an adolescent, manifested by acute paraplegia due to spinal metastases - case report

Version: 1 Date: 8 July 2011

Reviewer: Ioannis Voutsadakis

Which of the following following best describes what type of case report this is?: Other

If other, please specify:

unusual age of a presentation of a disease

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?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

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

Is the anonymity of the patient protected?: Yes

Comments to authors:

The main interest of the report is the unusual age of presentation of NSCLC.
- In the abstract all sentences should contain a verb.
- in the 1st paragraph of introduction, the differences in prognosis are not generally accepted. Moreover the two references are not containing supporting data. I suggest the sentence should be deleted.
- In the 2nd paragraph "aggressive first-line" should be replaced by "combination first-line"
- The sentence "As less aggressive..." should be replaced by "In second line treatment, monotherapy is proposed...

- I propose that irinotecan be mentioned last in the doublets choice because it is the least used in NSCLC.

- In the sentence "Gemcitabine is regarded..." "in squamous cell carcinomas" should be added for clarity.

- In the case report, presence or absence of passive smoking should be mentioned in the exposures history.

- After laminectomy was RT considered given the incomplete nature of resection to avoid or delay local recurrence? (an event that eventually led to repeat surgery)

- It is not clear if EGFR was molecularly tested for mutations or for amplification. Mutations are clearly associated with response to anti-EGFR therapy.

- Why was the primary site irradiated in the metastatic setting? Contrary to what the authors affirm, local therapy (surgery or RT even at lower than standard doses as in the current case) for the primary tumor is not standard in the metastatic setting except if metastatic disease is well controlled by systemic treatment, which appears not to be the case with this patient, or if symptoms appear.

- There is no maximum of chemo cycles in the metastatic setting if there is clinical benefit (efficacy without undue toxicity). Clearly in the patient the reason for interrupting first line therapy at 6 cycles was progression.

- The reason for irradiation of T12-L4 should be given (analgesia? cord compression?)

- "nonprogredient" is not clear.

- Was an aFP and bHCG obtained to exclude the possibility of a mediastinal non-seminomatous germ cell tumor with teratocarcinoma and metastasis of the squamous component? And in the same vain was a testicular examination and US done?

- In the discussion the sentence "6 cycles..." is not correct for the metastatic (or for all cases of adjuvant ) setting and should be reconstructed.

- In the following sentence "Equally..." radiation of the primary is not state of the art (see comment above).

- For the anti-EGFR treatment there exist randomized studies supporting benefit for EGFR-mutant patients and it is not just opinion of "most authors".

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

**Declaration of competing interests:**

I declare that I have no competing interests