Reviewer’s report

Title: Lenalidomide in heavily pretreated refractory diffuse large B-cell lymphoma

Version: 2 Date: 15 June 2014

Reviewer: umberto Vitolo

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

If other, please specify:

Unexpected efficacy of a biological agent in a chemoresistant aggressive lymphoma patients

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?: Yes

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:

This case report is focused on Lenalidomide as salvage treatment for this reason, the manuscript would benefit from a reduction in length. For instance the description of the medical history prior the period that led to the treatment with Lenalidomide has to be substantially reduced.

Overall the authors report here a heavily pretreated DLBCL patient treated with multiple lines of Rituximab containing chemotherapies, including high dose chemotherapy and ASCT and successfully salvaged with Lenalidomide. This of
course is a favourable case, but the authors have treated with Lenalidomide only this patient? In the same frame time how many patients, if any, have been treated with Lenalidomide in the authors’ institution and what was the response rate? The authors mentioned in the discussion that they treated with Lenalidomide other patients. It is important to have this information to know how Lenalidomide effectively works in the authors’ hands.

Introduction

Line 88. The sentence that the addition of Lenalidomide to Rituximab-chemotherapy in first line treatment overcome the negative prognostic impact of non-GCB subtype should be mitigated because the data come only from subset analysis of two studies in a very limited number of patients.

Case report

Line 163. Central Nervous Involvement. The authors stated that the patient had CNS involvement but this is based only on suspicious clinical symptoms with neither imaging studies nor spinal fluid positive for that. Was flow cytometry on CSF performed? However the paragraph should be reworded stating that CNS involvement was only a clinical suspect without a definitive diagnosis.

When the patient started Lenalidomide there were two bone lesions and few months later there were additional bone lesions indicating progressive disease. The authors reported that Radiotherapy was given. Please provide exactly the details of radiotherapy given, i.e. to all bone lesions? This is the most important criticism because the response seen later could be simply due to Radiotherapy and not to Lenalidomide. There were other lesions to monitor whose response could prove the positive effect of Lenalidomide? Indeed we must be sure that the positive response is due to Lenalidomide and not to radiotherapy given to multiple sites as suggested by figure 4.

Discussion

Line 253. The authors say that their treatment was base on the original scheme reported by Zinzani et al. Indeed Zinzani reported Lenalidomide 20 mg + Rituximab as others. The usual dose of Lenalidomide when is associated with Rituximab is 20 mg. Why the authors have chosen 25 mg?

References

Consider reducing the number of references

Reference 15. In the time the authors have submitted their manuscript, the final results of the study of the Italian group have been reported as full paper in the Lancet Oncology (Vitolo U, Chappella A et al, May 2014), please substitute this reference (that is tha ASH presentation) with the full paper.

Figures

Figure 3 can be omitted

Level of interest: An article whose findings are important to those with closely
related research interests

Quality of written English: Acceptable

Declaration of competing interests:

I am a member of Roche advisory board, I received lecture fees from Roche, Mundipharma and Celgene