Reviewer's report

Title: Prognostic significance of the cumulative dose of cisplatin during concurrent chemoradiotherapy for patients with advanced-stage nasopharyngeal carcinoma in an era of intensity-modulated radiotherapy

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Reviewer: Paolo Bossi

Reviewer's report:

This is an interesting paper evaluating the impact on prognosis of cumulative cisplatin dose in IMRT-treated NPC patients. The Authors should be congratulated about the hypothesis and the homogeneity of population treated with IMRT.

Some clarification or changes suggested:

- In Introduction, please insert the recently published paper by Blanchard et al. in Lancet Oncology 2015, “Chemotherapy and radiotherapy in nasopharyngeal carcinoma: an update of the MAC-NPC meta-analysis” (minor)

- In Ethic statements, please explain what do you mean with “…informed consent was given by participants for their clinical records to be used in this study”. Please specify the retrospective characteristic of the study (major)

- It is stated that patients who received neoadjuvant chemotherapy were ineligible; specify when the use of induction chemotherapy was adopted (advanced N stage, time period, ..) (major)

- Please avoid the time “patients enrolled”, as this is a retrospective trial (minor)

- The multivariate analysis lacks the performance status and the comorbidities, that could be an important factor in determining the possibility or not to receive full dose chemotherapy. The fact that the cumulative dose of cisplatin was not significantly associated with DFS or LRFS, but only with OS could represent an indirect evidence of this bias. Comment on this or report these factors (major)

- Median follow up in Table 1 should be months (not yr) (minor)

- The low risk group receiving a dose of cisplatin lower than 100 mg/sm is composed by only 8 patients; please comment about the possible bias of this and specify the causes of death in this group.
Comment also more extensively about the fact that the cumulative dose of cisplatin was not associated with OS or DMFS among the high-risk group (minor)
- The suggestion about de-intensification of dose number of concurrent cycles from three to two, reducing the dose of concurrent cisplatin to #200 mg/sm, without affecting efficacy should be mitigated (minor)

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

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

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests