Reviewer’s report

Title: RECORD-4 multicenter phase 2 trial of second-line everolimus in patients with metastatic renal cell carcinoma: Asian versus non-Asian population subanalysis

Version: 0 Date: 02 Aug 2017

Reviewer: Ian Davis

Reviewer's report:

Thank you for the opportunity to review this paper. The authors have a straightforward task: to show similarities or differences between Asian and non-Asian participants in the RECORD-4 trial. The points to be made from the manuscript are very simple: there is no signal from these data of differing patterns of efficacy or toxicity between Asians and non-Asians in the RECORD-4 population, but the numbers are too small to draw firm conclusions. It is very appropriate that no statistical analyses are provided.

Unfortunately and oddly, this paper is far too long and provides far too much detail. A great deal of information is provided but the key point is that the numbers are small in the two main subgroups (55 Asian vs 78 non-Asian, with no randomization or stratification in this phase II trial), and even smaller when discussing the subgroups of those subgroups in terms of outcomes related to prior therapy, or toxicities. The subgroup outcomes data appear prominently in the abstract and, despite the disclaimer of the abstract conclusion, it is inevitable that readers will latch on to these numbers uncritically, which may lead to treatment decisions that are not in fact supported by this rather flimsy evidence. Similarly in the main text quite a lot of detail is given regarding toxicity; the numbers are too small but the undiscerning reader might believe that the toxicity profile differs substantially between Asians and non-Asians. For example, on p7 it appears that everolimus must be more toxic in Asians, because many more toxicities are listed; this is clearly not a conclusion that is actually able to be drawn from the evidence. The incidence of anemia in non-Asians is listed more than double that of Asians (17% vs 7%); the actual numbers from table S3 are 4/55 vs 7/40 (note table S3 reads 18% not 17%), numbers that are clearly too low to be interpretable.

I believe that this paper would actually be strengthened by trimming its content substantially, leaving the actual tables intact if possible. The fact that the entire discussion section of this paper amounts to 56 words suggests that the authors might agree. This would allow communication of the results but would avoid potential overemphasis by the authors (as is the case now) or overinterpretation by readers (which the authors clearly recognize as a risk based on their abstract conclusion and paper Discussion section). This would be far more suitable as a short piece of only a few paragraphs, such as a Letter to the Editor, however BMC Cancer does not publish letters. It might be more suitable for a journal that publishes letters to the editor if it is not accepted for publication by BMC Cancer.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
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No

Are the conclusions drawn adequately supported by the data shown?
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Not relevant to this manuscript

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