Reviewer's report

**Title:** Giant cell tumor of the clavicle: Report of a case in a rare location with consideration of surgical method

**Version:** 2  **Date:** 23 April 2014

**Reviewer:** Koji Hiraoka

**Reviewer's report:**

In this case report, Nagano and colleagues, presented that giant cell tumor rarely occurs in the clavicle. Furthermore, they discussed about surgical methods in this case. However, the following points need to be taken into consideration in order to justify this report:

1. GCT of bone in the clavicle is rare. The author should describe the incident rate of GCT in the clavicle.

2. The authors mainly discussed that enbloc resection minimized the chance of recurrence and revealed a good functional outcome for GCT in the proximal end of the clavicle. However, it is unclear whether enbloc resection is more useful than extensive curettage or not, as the X-ray findings of the tumor showed Campanacci grade II. Extensive curettage and adjuvant therapy have reduced the recurrence rate for grade II GCT. In this case, the author was able to select those methods because the CT showed a thick cortex of the posterior side in the affected clavicle. Although slight adhesion between the clavicle and major vessels is to be anticipated after the first operation, it seems that reoperation, including enbloc resection, would be performed if recurrence occurs.

   The author should describe the reason why they selected enbloc resection in this case; despite recommending preservation of as much of the clavicle as possible.

   How do you consider the surgical method if the patient is younger or has a bigger tumor located at half of the clavicle with Campanacci grade II?

3. P7 L17: there is no reference for the JOA score.

Koji Hiraoka

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.