Reviewer's report

**Title:** Feasibility of axitinib as first-line therapy for advanced or metastatic renal cell carcinoma: A single-institution experience

**Version:** 2  **Date:** 23 November 2014

**Reviewer:** Shintaro Narita

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The authors conducted the retrospective study to assess the outcome of first-line axitinib in patients with advanced clear cell renal cell carcinoma. The 1-year PFS was 84.4% with tumor shrinkage in 83.3% patients. Furthermore, there were no serious adverse events reported in this study. Based on this study, first-line axitinib may be a feasible option for advanced clear cell RCC, and the results seem to be important for most of urologists and medical oncologists to some extent. I would suggest to the authors to modify some parts for acceptance of this journal.

**General**
- The definition of “advanced RCC” seems to be unclear. Does this mean “locally advanced”?

**Abstract**
- Pathological information should be included in the Abstract section.

**Background**
- “Axitinib, a potent and selective second-generation inhibitor of VEGF receprots-1,2 and 3, has demonstrated clinical efficacy in phase II studies” should be “Axitinib, a potent and selective second-generation inhibitor of VEGF receprots-1,2 and 3, has demonstrated clinical efficacy in patients with mRCC in phase II studies”.

**Results**
- Page 9, line 11. Does tumor shrinkage mean the shrinkage of primary renal tumor? Please specify the sites measured to assess the tumor shrinkage.
- Please add the results of the 1-year PFS and mean PFS in patients with locally advanced RCC and metastatic RCC separately.
- The term “axitinib-related adverse event” is inappropriate. Generally, adverse event includes unexpected symptoms and abnormal lab findings during the study and should not divide into related or unrelated events to axitinib.

**Discussion**
- Page 12, line 11. “respectively” is not necessary.
Table 1
-The number of nephrectomy after administration of axitinib does not match with the number in the results section. The number of the patients who underwent nephrectomy should be checked.

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

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' below.