Reviewer's report

Title: Testicular cancer in men with Down syndrome

Version: 1 Date: 21 March 2015

Reviewer: Alan Bittles

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Major Compulsory Revisions

1. This Opinion article appears to originally have been prepared for oral presentation. In its present form the specific intention and target readership is somewhat unclear since despite the title, ‘Testicular cancer in men with Down syndrome’, the actual manuscript ranges much more widely in content, e.g. encompassing extensive general opinions regarding the care and treatment of people with an intellectual or learning disability (Communication, informed consent and patient centred decision-making). Either greater content focus or a more adequately descriptive title would be appropriate.

2. In other places it is difficult to know whether the text refers to males with Down syndrome, or to the general male population, or to both. For example, the section Non-seminomatous germ cell tumours (NSCCTs) commences by stating that ‘These tumours are less common in those with Down syndrome than the general testicular cancer patient population.’ Do the treatment protocols and estimates cited in the following three paragraphs (paras 2-4) therefore refer to the general population or to males with Down syndrome?

3. With regard to the comment (NSCCTs para 5) that ‘..learning difficulty in itself does not and should not preclude radical therapy’, does this statement specifically refer to or include individuals with Down syndrome? Likewise, ‘..lack of co-operation should not be assumed to be necessarily associated with lack of consent’ (para 5). To whom does this claim refer, and under what circumstances would intervention be justified?

4. In the section on Survivorship (para 1), the rather sweeping statements on rising life expectancy in people with Down syndrome and the influence of improved management of congenital cardiac abnormalities merit supporting, contemporary references.

5. It also is difficult to see the connection with Down syndrome in the Survivorship section para 2, ‘The young age at presentation and high cure rates of testicular cancer in the general population.’ The more so since at several points in the text, including the Abstract and Conclusion, the authors have indicated that, in Down syndrome males with testicular cancer, there is ‘.suggestion of altered tumour biology and outcome compared to the general population.’

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In the section on Survivorship (para 1), the rather sweeping statements on rising life expectancy in people with Down syndrome and the influence of improved management of congenital cardiac abnormalities merit supporting, contemporary references. It also is difficult to see the connection with Down syndrome in para 2 of this section, ‘The young age at presentation and high cure rates of testicular cancer in the general population..’. The more so since at several points in the text, including the Abstract and Conclusion, the authors have indicated that, in Down syndrome males with testicular cancer, there is ‘. . .suggestion of altered tumour biology and outcome compared to the general population..’.

Minor issues not for publication
The text needs to be substantially revised and corrected for punctuation errors, inappropriate use or absence of the definite and indefinite article, occasional mis-spellings, inconsistent use of hyphenation, and some very odd phrases e.g. ‘. . .an altered natural history that in may turn effects cure’ (Introduction para 3).

Use of the term ‘recent’ to describe a 2007 publication (ref. 21) is somewhat misleading.

Updating of many of the references cited on more general aspects of Down syndrome would be appropriate.

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