Reviewer's report

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

Version: 2 Date: 2 December 2014

Reviewer: Mayer Fishman

Reviewer's report:

1. Is the question posed by the authors well defined?

The question of axitinib tolerability is presented well, with reference to up front use and to Asian populations.

2. Are the methods appropriate and well described?

The retrospective tabulation is appropriate and well described. However the process of determining the number of patients needed to be conclusive was not presented.

3. Are the data sound?

The descriptive data appears sound. There are some corrections and expansions:

   Major. (abstract) There's a statement about "tumor shrinkage" but the usual format for this would be to describe frequency of stable disease and partial response and of complete response using a reference standard such as RECIST. Then shrinkage could be described in addition.

   Major: (abstract) Progression free survival should have confidence intervals listed, as also should be in the "Clinical response and PFS" section

   Discretionary: For sample size of 18 only 2 significant digits, not 3 significant digits would be used for the percentages.

In the "Clinical response and PFS" section:

   Minor: Results. A dose listed as 6 mg/d, should be listed as 3 mg BID, I assume.

   Discretionary: Results. The dose of 2 mg/day: This is an off-label dose, so there should be some comment about it. Please confirm if it was 2 mg BID or daily.

   Major: Line 143: Wrong number used in confidence interval. This should be a percent.

   Minor: The confidence intervals on these adverse event frequencies should be given, as later there is allusion to comparison.

4. Do the figures appear to be genuine, i.e. without evidence of manipulation?
The figures appeared genuine and accurate.

5. Does the manuscript adhere to the relevant standards for reporting and data deposition?
These appear accurate, but not central to this particular type of presentation.

6. Are the discussion and conclusions well balanced and adequately supported by the data?
The discussion makes conclusive statements about comparisons and that is not supported adequately by the data the way it is described.

7. Are limitations of the work clearly stated?
While acknowledged to be a small series, the comparison of the confidence intervals of the progression free survival and overall survival are not computed using risk stratification.

8. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Major (discussion) They do appropriately cite (references #13 & #27) prior series describing treatment of Asian patients with axitinib.

Major: Line 190: The issue of comparing to other clinical trials does require that risk stratification of these patients be used so that the appropriate comparative risk strata from the other trials be used as a reference.

Major: (discussion) The Rini et al study [27] did include Asian patients. There were 45 listed as Asian (Table 1 in that paper). The Hutson paper [13] has 48 listed as Asian. Those studies had a mixture of risk strata. This study did not have risk strata described and is significantly smaller. That makes this additional data of less impact. The authors should give a quantitative comparison to the overall patients and to the Asian patients in those series and then present specific rationale about how the present study adds to those experiences. This does get to the main weakness of the study, which is that it is small, and thus intrinsically limited in the extent to which conclusions can be drawn. However, the particular difference of their series versus those is not detailed as I would like to see it. For example, the age is older in this series.

9. Do the title and abstract accurately convey what has been found?
The title is accurate. The abstract, like the paper, is been on quantitative comparative statistics. Holy comparison is given without quantitation.

10. Is the writing acceptable?
A few minor points can be identified, but generally the writing is excellent.

Discretionary: Page 5: The phrase "a potent and selective second-generation inhibitor" uses the adjective "potent" which sounds more like an advertisement phrase.
Minor: Line 75 TKI --> VEGFR-TKI

Minor: Line 103 "truly" word not needed.

Minor: Line 139: (minor point) cRCC is not a standard abbreviation. I recommend to just to spell it out.

Discretionary: It would be of interest to describe the duration and quality of the sunitinib and pazopanib responses.

Minor: 190. misspelled Rini (not Lini)

Discretionary: Line 156: The phrase "more recently" is used in relation to medicines that have been used for over a decade.

Minor: Line 175: The term Caucasian should be used consistently and not "white..."