Dear Editor,

I find it very unusual that a scientific publication (Prognostic factors and outcome of Wilms' tumour in a tertiary children's hospital, China. HK J Paediatr new series 2009;14:108-14) is bundled with a commentary from the reviewer. Even more startling is that this research paper was labeled as 'unethical' in bold fonts and underlined. The reviewer, Chan CF, considered routine preoperative transarterial arterial chemoembolization (TACE) for Wilms' tumours as ethically unacceptable and should be restricted to those who fail preoperative chemotherapy.

Chan's high ethical standard is respectable but may not be agreeable to everybody including our colleagues at the Zhejiang University. Although TACE is an invasive procedure, the risk of arterial catheterization is small in experienced hands. If TACE could reduce operative risks, postoperative complications and/or improve patient survival, then the success of this new approach would have been hailed as an innovation. After all, innovation is a deviation from the norm.

While I declare myself neutral on the above issue, I guess there might be a split of opinions between the reviewers. However I am sure the Journal would not publish a paper not conforming to her ethical standard. What is not conceivable is: why Chan chose not to abide himself to the decision of editorial board but to disclose his confidential identity as a reviewer and then discredit the ethical integrity of the authors. Both the readers and the authors deserve an explanation.

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Reply

Dear Editor,

While I agree with Dr. Fung's general sentiments on the "unusual practice" of putting negative commentary in the medical journals by the editors, the editors can express their views when they consider the contents of an article is deviated from the current standard of care. As a platform for sharing medical knowledge, the journal also has to balance between the "scientific value" and "ethical" concerns. The final judgement will rest on the patients' risk and benefit. The special comments were not on the TACE itself, but on its routine pre-operative use in Wilms' tumour. Wilms's tumour is a chemosensitive tumour with excellent response to low intensity chemotherapy. Majority of patients can become operable after chemotherapy alone. The article, if Dr. Fung paid attention to its details, also pre-treated patients with systemic chemotherapy first, but added on TACE afterwards. That makes the TACE an additional therapy. That is not a matter of innovation but whether such unconventional combination therapy will provide extra benefit to the patients or superior to the existing standard.

The editorial board considered this article is of adequate scientific value but the practice does not conform to the current standard of care. That's why a special commentary was suggested by the Editorial Board to express the stand of the Journal. The specific comments have been made known to the authors. The decision was not a personal decision.

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