subjects in the trial who are not particularly eager to be assigned to the placebo treatment (53,54).

l. Methodology tip – what is "tumor progression"?

In the clinical trial of Katsumata et al. (55) increases in tumor size were compared to an accepted standard. The accepted standard was as follows. It was an increase in tumor dimensions of 20% or greater, in the interval between starting chemotherapy and a subsequent tumor assessment.

The term *progression*, in the context of oncology, refers to an increase in tumor size and number, where the increase progresses beyond a certain minimal limit set by these criteria. Progression can be with reference to the RECIST criteria (56,57,58). Some investigators prefer to use an older set of criteria, the WHO response criteria (59,60). The Katsumata study assessed tumors with respect to the WHO criteria.

m. Methodology tip – unit of drug dose expressed in terms of body surface area

The following explains the unit used in the drug dose, "doxorubicin 40 mg/m^2," used above in the study of Katsumata et al. (61). In the words of the investigators, Arm A of the clinical trial received, "doxorubicin 40 mg/m^2 plus cyclophosphamide 500 mg/m^2 (AC) every 3 weeks for six cycles." The investigators also wrote that patients in Arm B of the trial received "docetaxel 60 mg/m^2 (D), administered by i.v. infusion over the course of 1 h every 3 weeks for six cycles."

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