Author's response to reviews

Title: Sentinel nodes identified by computed tomography-lymphography accurately stage the axilla in patients with breast cancer

Authors:

Kazuyoshi Motomura (motomurak@hotmail.com)
Hiroshi Sumino (sumino-hi@mc.pref.osaka.jp)
Atsushi Noguchi (noguti-at@mc.pref.osaka.jp)
Takashi Horinouchi (horinouti-ta@mc.pref.osaka.jp)
Katsuyuki Nakanishi (horinouti-ta@mc.pref.osaka.jp)

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Author's response to reviews:

Dear Editor-in-chief,

Thank you for the reviewers’ kind comments on the manuscript entitled, "True sentinel nodes identified by computed tomography-lymphography accurately stage the axilla in patients with breast cancer". We have revised the manuscript as the reviewers indicated and underlined all changes made in the text. The replies to each comment raised by the reviewer and the corresponding changes are shown below.

Reviewer: 1

Overall:

Abstract:
1) The word ‘true’ has been deleted as suggested.
2) The word ‘costly’ has been deleted as suggested.

Abstract
1) Patients with non-palpable tumors were excluded because contrast agent was injected intradermally into the skin overlying the breast tumor and into the subareolar skin in this study. Although further study is required to validate it for non-palpable tumors, I believe it is applicable to them. In most early studies of sentinel node biopsy for breast cancer, patients with non-palpable tumors were excluded.
2) Dyed and/or hot nodes located just under the markers using CT images were defined as sentinel nodes identified by CT-LG and were removed first. This study assessed whether these nodes can accurately stage the axilla.

Results:
1) The word ‘true’ has been deleted as suggested.
2) The mean number of sentinel nodes identified by CT-LG was significantly
lower than that of dyed and/or hot nodes removed (1.1 vs 1.8, p <0.0001)

Discussion:
2) The word ‘true’ has been deleted as suggested.
3) A sentence ‘A further study is required to confirm the hypothesis.’ has been added as suggested in the discussion.

Conclusion:
1) The last sentence has been deleted.

Reviewer: 2
1) According to the result of the resent report that sentinel node biopsy were successful
and accurate for axillary staging in obese patients (Gawlick U, et al. Am J Surg, 2010), they were not excluded in this study.
A sentence ‘sentinel node was identified as the first stained node on the lymphatic flow from the injection sites of contrast agent’ has been added as suggested.
2) Dyed and/or hot nodes located just under the markers using CT images were defined as sentinel nodes identified by CT-LG and were removed first. This study assessed whether these nodes can accurately stage the axilla.
3) Forty-seven of 184 patients had metastases to at least one sentinel node identified by dye and/or radioisotope. All 47 patients with metastatic sentinel nodes identified by dye and/or radioisotope demonstrated metastases to at least one of the sentinel nodes identified by CT-LG.
4) In 5 patients, lymph flow could not be visualized by CT-LG. But stained node was only one and it could be specified as sentinel node in 4 patients. After all, in only one patient who had 2 stained nodes, it was not clear which node was a sentinel node or both of them were sentinel nodes because of non-visualizing lymph flow.

This manuscript has not been published and is not under consideration for publication elsewhere. A preliminary results of this work has been presented at the 33th Annual San Antonio Breast Cancer Symposium in 2010 and a part of them has been introduced in my review article (Breast Cancer, 2012 Dec 19. [Epub ahead of print]). Please let me attach the review article.

All the authors have read the manuscript and have approved this submission. The authors report no conflicts of interest. This work was supported in part by the National Cancer Center Research and Development Fund (22-38). This manuscript has been revised by a professional linguistic reviewer.

I believe the manuscript has been improved satisfactorily and hope it will be accepted for publication in the BMC Medical Imaging.

Yours sincerely,
K. Motomura
Department of Surgery,
Osaka Medical Center for Cancer and Cardiovascular Diseases,
1-3-3 Nakamichi, Higashinari-ku, Osaka 537-8511, Japan
Phone: +81-6-6972-1181; Fax: +81-6-6981-8055
E-mail: motomurak@hotmail.com