Author's response to reviews

Title: Clinical array-based karyotyping of breast cancer with equivocal HER2 status resolves gene copy number and reveals chromosome 17 complexity

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Author's response to reviews:

May 25, 2010

Melissa Norton, M.D., Editor-in-Chief BMC Cancer
BioMed Central Ltd, Floor 6,
236 Gray's Inn Road,
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Dear Dr. Norton,

We would like to thank you for reviewing our paper, and have revised the paper according to your reviewer’s suggestions as specified below. We agree with the majority of the points that were raised and believe that the revisions have made this a much stronger paper.

Title: Clinical array-based karyotyping of breast cancer with equivocal HER2 status resolves gene copy number and reveals chromosome 17 complexity
Version: 1 Date: 15 April 2010

Reviewer’s report (Referee 1)
Reviewer: DAVID J DABBS

Reviewer’s report:
The paper is well written, timely, and a very important contribution to this vexing topic.

Author's Response: We agree that this new technology will be of tremendous benefit to our newly diagnosed breast cancer patients, particularly those with unresolved Her2 status.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
I have no competing interests.

Reviewer's report (Referee 2)
Reviewer: Anna Sapino

Reviewer's Point #1:
“The analysis performed in the study does not report very novel results.”

Author’s Response: The analysis reported in this study is the first report in the medical literature of a successful clinical application for array CGH in newly diagnosed breast cancer.

Reviewer's Point #2
“The authors should provide a detailed description of the IHC score and of the FISH ratio for each individual case.”

Author’s Response: We agree with the reviewer that it would be optimal to have IHC and FISH scores for every case. However, the samples analyzed by array CGH analysis in this paper were sent to us from outside labs in the form of DNA or tumor blocks with little information other than a reason for referral requesting that we resolve HER2 and/or chromosome 17 status. Since our laboratory did not perform the IHC or FISH studies, these values are only available for those cases where it was included with the sample. We have therefore revised the table to clarify that we are reporting results from clinical samples with FISH and IHC studies performed at a laboratory other than our own.

Reviewer's Point #3
This reviewer believes the authors should temper the sentence in the introduction stating “that array-based karyotyping has been recently integrated into clinical laboratory” and consider to discuss the issue of array-CGH as a feasible technique in referral diagnostic centres, in collaboration between geneticists and pathologists.
Author’s Response: We agree with the reviewer that array CGH is not yet integrated into the majority of pathology laboratories and have tempered this sentence in the introduction. Additionally we included a discussion of how pathologists, oncologists, and clinical geneticists can work together to make this new technique available to our breast cancer patients.

- Minor comments:
  1) Some typos can be found throughout the text and need the authors’ attention; a couple of examples are reported here below:
     - “in situ ”should be in Italic, as well as “HER2”, when author refer to the gene product and not to the protein.
     Author’s response: We have italicized in situ and gene names throughout the paper.
     - “unamplified ” should be changed to “not amplified”
     Author’s response: We have changed “unamplified” to “not amplified” throughout the paper.
  2) Table 1 reports information of OncotypeDx results only for cases EQ-18 and EQ-20: this is not acceptable, either provide the same information for all cases, or exclude these details form the paper.
     Author’s Response: We have changed the wording of the table to clarify that the only information we have about the samples in this study is what was sent to us by the referring pathologist and/or oncologist. In two cases we were asked to “resolve equivocal OncotypeDX scores” so this is now part of the “reason for referral.”

Level of interest: An article whose findings are important to those with closely related research interests
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

On behalf of my collaborators, I would like to thank you for your peer review, and consideration of our article.

Best regards,
Shelly Gunn M.D., PH.D.