Reviewer's report

Title: Triple Negativity and Young Age as Prognostic Factors in Lymph Node-negative Invasive Ductal Carcinoma of 1cm or Less

Version: 1 Date: 12 July 2010

Reviewer: Eva Johanna Kantelhardt

Reviewer's report:

Kwon et al have submitted a very important work evaluating 375 patients with small (#T1b) early breast cancer over a median FUP of 5 years. They found very low recurrence rates despite partially sub-optimally treated patients from Korea. This represents a large cohort addressing the important question of prognosis for a more and more prominent group of patients with small tumours in the ages of screening. Also it represents a very thoroughly described population from Asia where breast cancer is becoming a more common disease.

• Major Compulsory Revisions

1) The last paragraph in “methods – data acquisition” states that RFS was calculated until recurrent disease or death by any cause. Death by any cause other than breast cancer is usually censored.

In the same paragraph the last sentence says overall survival is time to death by any cause or the date of last follow up. The date of the last follow up is usually censored.

In the statistical analysis it is mentioned that the four year cumulative survival rate was compared – the results are not obviously seen later on.

It should be confirmed that small number of 23 patients <35 years with only 3 events may be compared to the high number of 362 patients >35 years of age.

2) Results: Has there been investigation of the effect of chemotherapy in general (knowing that different regimens were used) similar like the effect of radiotherapy has been evaluated?

3) Results: The description of the Cox model should mention which factors were included.

• Minor Essential Revisions

1) The descriptions to the tables are very brief. It would be helpful to have more explanation when reading the tables without the article text. In table 1 in column 3 it says “no of patients” and in column 4 it says “no of events” – probably column 3 represents patients without events and column 4 represents patients with events.

Also in table 1 there are 162 T1b patients and in table 2 there are 163 T1b
patients.
Please confirm the results in the tables in detail.
Possibly the percentage of missing information for each patient characteristic could be mentioned (Table 1).

2) Results: Clinical and Biological characteristics: Of all patients treated in Korea (n=3889) a number of 9.6% patients eligible is mentioned. Also 74.7% presented with advanced stage, few had neoadjuvant and few had recurrence. How did the rest present? Please discuss the high percentage of patients presenting with such small tumours – is there a general screening programme?

• Discretionary Revisions

1) Results: It would be interesting to know the percentage of associated DCIS especially in the population of very small tumours.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests