Reviewer's report

Title: The invasive lobular carcinoma as a prototype luminal A breast cancer: a retrospective cohort study

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Reviewer: Yunn-Yi Chen

Reviewer’s report:

In this manuscript, the authors studied the clinicopathologic features and outcome of 83 Korean patients with invasive lobular carcinoma (ILC) and compared them to 2833 patients with invasive ductal carcinoma (IDC) including 1088 with the luminal A subtype (LA-IDC). They showed that ILC was a rare histologic subtype (2.8%) and that the mean age for ILC was similar to that of IDC, two distinct features seen in Korean population and different than those in Western countries. The study also demonstrated that compared to IDC, ILC had a larger tumor size at presentation, a lower histologic grade, more frequent ER+/PR+ and HER2- status, and lower Ki-67 index, results similar to those shown by previous studies. The authors noted that majority (91.4%) of ILC in their cohort could be defined by immunohistochemistry as luminal A subtype and further shown that the outcome of ILC was similar to that of LA-IDC. Therefore, they concluded that ILC is a rare prototype luminal A breast cancer.

Overall the manuscript is relatively well written and easy to understand. The methods are appropriate, and the data are sound and well presented. I have a few comments and the authors need to address these either in the Result section and/or Discussion section.

1. Were all the ILC cases in this cohort classic subtype, or were there any other variants such as pleomorphic ILC? How were the morphologic variants correlated with ER/PR/HER2 status (or molecular subtypes as defined by immunohistochemistry)? About 9% of the ILC cases in this study are not luminal A and based on the literature, those are likely to be non-classic ILC.

2. The authors concluded that “ILC is a prototype of luminal A breast cancer”. It may be more appropriate to state that “most ILC are luminal A breast cancer”. The authors should address, in the Discussion Section, the work by Weigelt et al (Refinement of breast cancer classification by molecular characterization of histological special types. J Pathol 2008;216:141-50) which showed that while most ILC fall into luminal A molecular subtype, some ILC cluster with either HER2 subtype or apocrine subtype.

3. Wrong references were cited for ref 10 and 11 in the 3rd paragraph of the Introduction Section, with the luminal A subtype showing the best prognosis.

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

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.