Author's response to reviews

Title: Connexin 26 and 46 expression refines intermediate prognostic subgroups of residual tumor classifications in neoadjuvant treated breast cancers

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Author's response to reviews: see over
Dear Doctor Linn,

Many thanks for your recent comments given to our manuscript of Teleki et al, entitled: “Connexin 26 and 46 expression refines…” Please find our response and changes made in the manuscript below.

As requested by the editor:
We mentioned Table 5 in the text by mistake. There are only 4 tables in our revised version, thus we deleted Table 5. from the text.

The seeming controversy between Cx46 being a good prognostic marker and also showing a correlation with pathologic (post-chemo) nodal status (pN) may be explained by; 1) Neither clinical (cN) nor pathological (pN) nodal status showed statistical correlation with overall survival (using the log rank test) in our cohort possibly because the majority of our cases were ER positive (This though noted in our results but not in the discussion); 2) Elevated Cx46 expression showed better overall survival “only” in the intermediate categories (which though included the majority of our cases) of the classifications not in the whole cohort. These thought are briefly mentioned in the revised discussion (page 18).

We, of course, do not have pN status prior to chemotherapy, only cN (clinical nodal stage). In the Table 3, in the first column we have cN and cT (clinical nodal stage and tumor size) which are based on imaging or fine needle aspiration. No preoperative sentinel lymph node biopsy was performed in this cohort. However, we have pN and pT in the first column of Table 3 (pathologic nodal stage and tumor size) for postoperative staging. In the first row of Table 3, “pre- and post” refer only to connexin (and Ki67) expression. Therefore in this table we compared the connexin levels pre- and post-chemo with cT, cN (pre-chemo), and pT and pN (post-chemo), using the Spearman-rank correlation. For clarification we added the preposition “pre” and "post” after these categories.

We corrected for the generic names of the drugs in the revised manuscript.

We followed the formal requirements of the manuscript.

All new changes are underlined twice in the revised text.

We appreciate kind efforts in improving our manuscript and would be very pleased if you considered it for publication in BMC Cancer.

Best regards:
Tibor Krenacs