Reviewer's report

Title: Role of axillary sentinel lymph node biopsy in patients with pure ductal carcinoma in situ

Version: 2 Date: 25 November 2004

Reviewer: H Cody

Reviewer's report:

General
While the subject of sentinel lymph node (SLN) biopsy in patients with ductal carcinoma in situ (DCIS) of the breast remains controversial, this well-written report by Dr Zavagno and his colleagues points to an emerging consensus on the subject. Among 102 patients with a final pathologic diagnosis of DCIS, they found a very low rate of SLN involvement (1%, 1 patient) and conclude that SLN biopsy is not routinely indicated in this setting; others have found positive SLN in 0-3% of comparable patients, and have reached the same conclusion. We agree with them entirely. SLN biopsy is a procedure which has some morbidity, and is certainly not indicated to find nodal metastases in only 1% of cases. While a policy of routine SLN biopsy for DCIS would avoid the need for reoperation in the 10-15% of patients found to have invasion on final pathology, it would also represent an unnecessary procedure for the remaining 85-90% with pure DCIS.

The authors argue that SLN biopsy is indicated primarily for extensive DCIS requiring mastectomy (since SLN biopsy cannot be done following mastectomy) and again we agree. In our own DCIS patients, we perform SLN biopsy in about 20%, most of whom require a mastectomy. We would add, however, that SLN biopsy is reasonable in several other settings where the risk of finding invasion is high: a) ”DCIS” patients with palpable, mammographic, or sonographic masses, and b) ”DCIS” patients where the pathologist ”cannot rule out invasion”.

Are we reaching a consensus over the role of SLN biopsy in DCIS? I believe that we are. Which DCIS patients should have a SLN biopsy? Outside of those needing a mastectomy, very few.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
None.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
None.

Discretionary Revisions (which the author can choose to ignore)
In methods (page 5), the authors suggest that FNA can make the diagnosis of DCIS; it cannot distinguish between DCIS and invasive cancer. Also in methods (page 5), the authors suggest that some patients had SLN biopsy based on mammographic findings suspicious for DCIS but without a pathologic diagnosis; it would be interesting to know 1) how many such cases there were, 2) whether a breast biopsy was always done concurrently, 3) whether the biopsy was done before the SLN procedure (2 frozen sections on the same case?), and 4) if any of these had benign diagnoses.

What next?: Accept after discretionary revisions

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

Quality of written English: Acceptable
Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.