Reviewer's report

Title: Using additional immunohistochemical markers can refine prognosis in triple negative breast cancer

Version: 1 Date: 10 April 2007

Reviewer: Laura Collins

Reviewer's report:

General
Using Additional Immunohistochemical Markers Can Refine Prognosis In Triple Negative Breast Cancer

This study is original and well thought out. The authors performed immunohistochemical staining of triple negative breast cancers as a surrogate for gene expression profiling to ascertain whether the addition of CK5/6 and EGFR would refine prognostication in this cohort of (ER-/PR- and HER2-) women.

It is well recognized that women with basal like breast cancers fare poorly. Newer data are suggesting that this subset of women may have a particularly poor outcome in the first few years following diagnosis, but, as the authors point out, this difference in prognosis may diminish with time from diagnosis.

The data from this study confirm the above mentioned findings regarding the effect of the triple negative phenotype having the most impact on prognosis in the first three years of follow up. A novel aspect of this paper is that the authors have evaluated the influence of CK5/6 and EGFR (markers of the basal phenotype) on survival differences. The findings of this study indicate that it is these two markers that may prove to be better markers for predicting long term outcome in women with triple negative breast cancers.

The authors have also attempted to evaluate the effect of triple negative phenotype on lymph node status. The numbers here become very small, and while the findings are provocative, I am not sure that interpretations made can be considered reliable in this setting.

Overall, a nice study that has added to the body of work on triple negative/basal like breast cancers and determination of prognosis for this cohort of women.

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)

Formatting of the tables was off in my copy; ensure that column widths are sufficient to allow "Yes", CI and p-values to be printed out on one line.

Discretionary Revisions (which the author can choose to ignore)

I think the title would be better phrased as "Use of Immunohistochemical Markers can Refine Prognosis in Triple Negative Breast Cancer"

What next?: Accept after discretionary revisions

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.