Author's response to reviews

Title: The reversal of recurrence hazard rate between ER positive and negative breast cancer patients with axillary lymph node dissection (pathological stage I-III) 3 years after surgery

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Author's response to reviews: see over
Dear the editor:

Thank you for your kind review of our manuscript “The reversal of recurrence hazard rate between ER positive and negative breast cancer patients with axillary lymph node dissection (pathological stage I-III) 3 years after surgery”.

Regarding ETHICS, in the Patients and Methods section of the revised manuscript, we have inserted the sentences “Based on the section 2 in chapter 1 of Japanese ethical guidelines for epidemiological research (http://www.niph.go.jp/english2/english%20ver/ethical-g/ethical-gl/guidelines.htm), this study was exempt from ethical approval under Japanese law and guidelines.”

As suggested we are hereby sending a revised manuscript that has been altered in response to your comments.

To reviewer 2

Thank you very much for your valuable comments. Regarding to the issues that you pointed, we have resubmitted the revised manuscript that has been altered in response to your comments.

1) In page 16 of the revised manuscript, we have mentioned the figure legends, and have connected the legends and figures.
2) As suggested by you, in the abstract, we have replaced the word “earlier” to “lesser” and the phrase “the reversal of recurrence” to “a reversal of recurrence”.
3) In patients and methods, we have changed the phrase “742 breast female …were admitted and treated at Kyoto” to “742 breast female …were selected from the patients treated at Kyoto”, and the phrase “All the patients with breast conserving” to “All the patients with breast conserving”.
4) In patients and methods, we have confirmed the database regarding the ER results, and the fact that in our institute, the pathologists routinely have examined the ER
status of tumors by using the immunohistochemistry since the 1980s. We have inserted this matter in the revised manuscript.

5) As suggested by you, we have summarized the radiotherapy and the medical treatment that the patients received in patients and methods section. Please refer to the Table 1 regarding the other patient basic features.

6) To avoid confusion, we have replaced Figure 4, which shows that the overall survival of ER-positive cancer patients was increased by adjuvant hormone therapy.

7) Thank you for your kind suggestion. As suggested by you, we have inserted the p-value for figures 1, 2 and 4.

8) The present study suggests the importance of adjuvant hormone therapy for ER positive cancer patients beyond 3 years after operation. Moreover, comparing with the 10-year survival rate between ER-positive patients with or without hormone therapy and ER-negative patients (Figure 1 & 4), the survival rate between ER-positive patients without hormone therapy and ER-negative patients was similar, but the adjuvant hormone therapy led about 13% survival gains. Therefore, this fact also suggests adjuvant hormone therapy may have more important roles in the treatment. We inserted this matter in Discussion section.

To reviewer 3
Thank you very much for your kind comment.

Thank you very much for your consideration. I am looking forward to your reply, hopefully saying this manuscript is accepted in your journal, *BMC cancer*.

Sincerely yours,

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