Author’s response to reviews

Title: Primary breast lymphoma: patient profile, outcome and prognostic factors. A multicentre Rare Cancer Network study

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Author’s response to reviews: see over
Primary breast lymphoma: patient profile, outcome and prognostic factors. A multicentre Rare Cancer Network study. (Jeanneret-Sozzi et al)

Answers to Reviewers’ questions

Reviewer: A. Avilés

1. We could find the reasons in our results only in a few of the eleven cases. This was due to old age (1) or patients’ refusal (2) of other treatments. In the other 9 patients, neither age, stage or concomitant disease were responsible for the lack of other treatments. We have added a short sentence in the text at the end of the paragraph “Surgery”.

2. Only one patient received only one cycle, because of haematological toxicity. Two patients received only 2 cycles because of major non-haematological (1) or haematological toxicity (1). We have added a short sentence at the end of the paragraph “Chemotherapy”.

3. We cannot reclassify the patients’ pathology according to the WHO classification. When we started to collect the cases, and after consulting our local pathologist, it was found that due to the various pathological classifications used in 14 centres, over a period of 30 years (1970 – 2000), the simplest, most reliable and coherent way to reclassify all our patients was to use the Working Formulation. Using the WHO classification would be extremely difficult, especially for the earlier cases.

4. We cannot classify our patients according to the IPI because LDH is missing in 36 of 84 patients, and the P.S. was not obtained or reliable in too many of them.

5. Among the 12 patients who relapsed in the CNS, we found that 10 out of 12 had a high grade lymphoma (83%), versus 61% of HGG in the whole population. As stated above, we had too few LDH measurements to assess this prognostic factor. We have added a short sentence in the paragraph “Results, local and systemic relapse”.

6. Obviously the differences in RT techniques were due to the fact that patients were treated in 14 different institutions, over a period of 30 years.

7. This reference has been added.

Reviewer: N. Russell

1. We have made the suggested modification.

In addition: besides the reference of A. Avilés, we have added two important and recent references by Ganjoo et al (Cancer 2007) and Ryan et al. (Annals of Oncology, 2008)