Author's response to reviews

Title: Mastectomy for management of breast cancer in Ibadan, Nigeria

Authors:

Temidayo O Ogundiran (toogundiran@yahoo.co.uk)
Omobolaji O Ayandipo (yokebukola@yahoo.com)
Adeyinka F Ademola (deoluyinka@yahoo.com)
Clement A Adebamowo (cadebamo@yahoo.com)

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Author's response to reviews: see over
October 12, 2013-10-12

The Editor

BMC Surgery

On behalf of my co-authors, I wish to submit a revised version of our reviewed manuscript titled “Mastectomy for management of breast cancer in Ibadan, Nigeria” for your consideration for publication in BMC Surgery.

We appreciate and thank the reviewers for their time and comments, which were aimed at improving the quality of the work. The issues raised have been addressed and the responses and actions taken have been tracked in red ink point by point within the texts of the comments below.

We sincerely hope that you would consider the work acceptable for publication soon.

Thanks and best regards.

Yours Sincerely,

Temidayo O. Ogundiran, MBBS, MHSc, FRCS, FWACS, FACS

Senior Lecturer

Reviewer's report

Title: Mastectomy for management of breast cancer in Ibadan, Nigeria

Version: 4 Date: 3 August 2013

Reviewer: Stanley Anyanwu

Reviewer's report:

Since this is a retrospective study it will be interesting to find out more details about how many people were involved in data acquisition and storage, and the consistency with which these were done.

ADDED TO “MATERIALS” PARAGRAPH 1 FROM LINE 3:
A consultant surgeon supervised surgical residents and interns to extract pre-requisite data from wards admission registers, theater records, the division’s operation register and histology reports of mastectomy specimens.

Staging investigations were not specified and were these applied to all patents?

ADDED TO “MATERIALS” PARAGRAPH 2 FROM LINE 2:
All the patients had pathological confirmation of breast cancer diagnosis by either needle or open surgical biopsy. Pathological diagnosis consisted of the histological type in all the patients and immunohistochemistry in some of them. The staging investigations recored were mainly plain chest radiograph, abdomino-pelvic
ultrasonography and radionuclide bone scan in the latter three years of the study. The information obtained from the patients’ case files were recorded in Microsoft excels spreadsheet.

Stage of the disease not stated

ADDED TO “RESULTS: CLINICAL AND PATHOLOGY INFORMATION” FROM LINE 6:

The patients were grouped into disease stages as follows: stage I, 89 (25.0%); stage II, 188 (55.4%); stage III, 28 (7.8%); and stage IV, 49 (13.8%)

For patients who received chemotherapy, what was the source, how many completed the prescribed courses and what was adherence rates compared to other studies on treatment adherence in Nigerian patients.

Since CMF, CAF and AC were all used, what dosing schedules were adopted and how was randomization done

ADDED TO “RESULTS: ADJUVANT TREATMENT” FROM LINE 5:

The anticancer drugs were sourced mainly from the hospital pharmacy and most of the patients completed 4 to 6 courses depending on the regimen used. Payment for the drugs was out-of-pocket and the choice of regimen was dictated mainly by cost and affordability by the patients. Of the 174 patients, 63 and 56 had complete and partial clinical response respectively, amounting to an overall clinical response rate of 67.7%. Tumour dimensions were assessed using caliper and hand measurements, and these were corroborated with the histological reports of mastectomy specimens in some cases. The commonly administered chemotherapy regimens consisted of standard doses of CMF, CAF, and AC and tumor response rate by drugs is as shown in Table 3. Most of the patients received AC regime because of the shift in the unit’s policy sometimes during the period of this review from a combination of CAF to AC.

How many patients completed the prescribed hormonal treatment for 2 years?
UNFORTUNATELY WE DO NOT HAVE THE RECORDS TO ANSWER THIS QUESTION. EACH PATIENT FOR HORMONAL TREATMENT WAS TOLD THAT SHE WOULD HAVE IT FOR A MINIMUM OF TWO YEARS

What exactly was the modified mastectomy? How were axillary nodes and Pectoralis minor handled?

ADDED TO “RESULTS: SURGICAL TREATMENT” FROM LINE 1:

This consisted of excising the whole breast tissue off the chest wall including the axillary tail and complete axillary clearance of lymph nodes and connective tissue up to level 3 by generous retraction of the pectoralis minor muscle. Where involved, a portion of the underlying muscle was excised in continuity with the breast tissue.

How was complete clinical response established? What definition of partial was used and how was tumour size accessed (caliper, mammographic, ultrasonologic or PATHOLOGIC).

AS ABOVE.

We’re there simple or ‘toilet’ mastectomies

WE DO NOT HAVE THE RECORDS OF THE TYPE OF MASTECTOMY IN 1.2% OF CASES. THERE MIGHT BE SOME TOILET MASTECTOMIES AS THERE
Surgical drains lasted 8-14 days, what were indications for removal? Since post op period averaged 12 days, did any patients go home with drains

ADDED TO “RESULTS: POSTOPERATIVE CARE AND FOLLOW UP” FROM LINE 6:

The wound drains were removed when the output was clear or straw coloured and less than 40mls in the preceding 24hr period. None of the patients was discharged home with the drain.

Since this was a retrospective study, what level of completeness did all the data variables assessed achieved

ALREADY IN “RESULTS” PARAGRAPH 1 FROM LINE 1:

We retrieved the records of 1226 newly diagnosed breast cancer patients over the study period. Of these, 431 (35.2%) patients underwent mastectomy making an average of 43 mastectomies per year. Figure 1 shows the number of cases diagnosed and number that underwent mastectomy every year of the study. The case files of 354 patients constituting 82.1% of all mastectomies were available for review.

In the background, parts of 1st and 2nd paragraphs are irrelevant

NOTED WITH THANKS

There are many studies on management, survival and complications of treatment including chemotherapy from Nigeria which the authors did not refer to and compare their results.

REFERENCES 9, 24 AND 43 HAVE BEEN ADDED WITH COMMENTS AS SHOWN IN “DISCUSSION” AND AS SHOWN BELOW:

PARAGRAPH 2 REFERENCE 9
PARAGRAPH 5 REFERENCE 24:

A previous report from Eastern Nigeria had documented a response rate of 81% in 32 women with locally advanced breast cancer who received neo-adjuvant combination CAF chemotherapy [24].

LAST PARAGRAPH REFERENCE 43

A little above a third of the patients were attending the surgical outpatients department 24 months after mastectomy. The reasons for loss of many to long time follow up are not known, thus the survival pattern in this cohort might never be determined. However, a previous Nigerian study reported a median survival of 31 months with survival advantage for post-menopausal women and in those with early stage disease [43].

Was BMI done for all patients in the retrospective study

ALL SURGICAL ONCOLOGY PATIENTS HAVE THEIR HEIGHTS AND WEIGHTS RECORDED AT FIRST VISITS ROUTINELY
On conclusion the authors used only UCH Ibadan and as such cannot generalize for Nigeria

WE DID NOT MAKE OR ALLUDE TO ANY SUCH GENRALIZATION.

Level of interest: An article whose findings are important to those with closely related research interests
Major Compulsory Revisions
None

Minor Essential Revisions
None

Discretionary Revisions
In the discussion, a section addressing the utility of sentinel lymph node biopsy in the patient population and the logistics of using such a technique in Nigeria would be nice as this is a significant deviation from surgical technique in developed nations.

ADDED TO “DISCUSSION” PARAGRAPH 6
Although sentinel lymph node (SLN) biopsy has become the preferable standard to axillary dissection in breast cancer surgery, this was not done in any of our patients. Going forward from this review, and with the requisite expertise acquired, new patients that present with no palpable lymph nodes and those with good response to neo-adjuvant chemotherapy will be considered for this procedure. This would hopefully reduce needless axillary clearance and its attendant risks and complications.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
I declare that I have no competing interests.