Reviewer's report

Title: Infiltrating Ductal Carcinoma Breast with Central Necrosis Closely Mimicking Ductal Carcinoma in Situ (Comedo Type): A Potential Serious Diagnostic Error

Version: 2 Date: 11 July 2007

Reviewer: Martin Wilhelm

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: No

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Comments to authors:

Perwez and Khan describe in a small case series an infiltrating duct carcinoma of the breast showing a deceptively DCIS-like pattern of the comedo type. Although this finding is well appreciated in otherwise typical infiltrating duct carcinomas, cases showing a predominance of this pattern are uncommon and probably underrecognised. Accordingly, I think their findings merit brief reporting.

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However, some critical issues make an extensive revision of their MS necessary and should be addressed by the authors:

- How large were the lesions and how extensive was the sampling of the resection specimens in these cases? Was there any conventional infiltrating carcinoma component?

- It is well appreciated that infiltrating carcinoma may mimic the diverse pattern of DCIS, the prototype of this being the infiltrating cribriform carcinoma pointed to by the authors, this general mimicry can be stressed in the introduction section.
- The discussion is not well written and speculation on the interpretation of a DCIS-like pattern at metastatic site is of no value for the MS.

- As the main message of this work was to alert pathologists to this diagnostic “pitfall”, I would suggest stressing this message in the introduction and in the discussion. Furthermore, there is no mention of the histological criteria that may help this differentiation without immunohistochemistry (which is not available in all Labs).

- Unfortunately, the MS is written in a generally poor English and it would be of great value to improve this by seeking help from a native speaker with experience in commenting or reading scientific papers.

- General review-like information on breast cancer would just unnecessarily make it to long and can be omitted.

- Other non-breast cancer with DCIS-like pattern should be included in the differential diagnosis of this phenomenon, in particular the salivary duct carcinoma.

- The clinicopathological findings may be better presented in a tabular form.

- References not directly related to the topic could also be omitted.

- Figures are less well informative, showing only one focus of tumor at high power (an overview would be more representative!)

- Figure 1b is of no value, Figure 3: as the authors stressed SMA is of little value in demonstrating myoepithelial layer and should be replaced by e.g. P63 or another marker!

**What next?:** Revise and resubmit

**Quality of written English:** Not suitable for publication unless extensively edited