Author's response to reviews

Title: A rare case of synchronous double malignancy of carcinoma breast and esophagus treated successfully.

Authors:

dr.abhishek singh (hivneg@gmail.com)
dr.ishwar c khare (s_nishant_2050@yahoo.com)
dr.parul singh (parulophtha@gmail.com)

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Author's response to reviews: see over
Reviewer 1’s comments:

The authors report of a rare case of synchronous double malignancy of breast and esophagus carcinoma. This manuscript merits publication to your distinguished journal after major compulsory revisions.
1. The mammogram should be presented.
2. Did the patient receive adjuvant chemotherapy? What type? Please explain in details.
3. Did the patient receive Herceptin?
4. A more detailed description of the radiotherapy is needed.
5. Did the patient receive firstly chemotherapy and then radiotherapy? This should be clarified.
6. What is the follow-up you suggested to the patient?
7. You mention that the patient is currently free of symptoms, it would be grateful to clarify the time from the surgery, the chemotherapy and the radiotherapy.
8. Please indicate common genes, common molecules and common risk factors in the pathogenesis of breast and esophagus cancer.

Reply:

1- Sir, considering the age of the patient and the clinical presentation of the mass in breast mammography was not done and a FNAC was done directly.

2- Patient was administered four cycles of docetaxel and adriamycin based chemotherapy before she had a recurrence of esophageal growth. As the patient was her-2 neu positive, taxane based regimen was planned keeping in mind that single agent docetaxel has been effective in esophageal carcinomas.

3- Patient did not receive herceptin therapy as she could not afford the drug due to financial reasons.

4- Patient was administered a total dose of 65 Gy in 32 fraction over 7 weeks. Initial 40 Gy were given by AP-PA fields. Remaining dose was delivered by three oblique fields.

5- Patient received four cycles of chemotherapy before radiotherapy and remaining two cycles after completion of radiation treatment.

6- Patient was kept on monthly follow-up for one year for clinical examination. Upper gastro-intestinal endoscopy and computed tomography scan of thorax were done three monthly. Currently patient is on two monthly follow-up and is advised six monthly investigations.

7- Patients is currently free of symptoms one year and eight months after completion of treatment.

8- Three tumor suppressor genes common to carcinoma breast and esophagus are p53, Rb and p16 genes. Two risk factors that are common to these two carcinomas are alcohol intake and obesity. Positive association between alcohol intake and carcinoma breast has been consistently demonstrated and risk appears to be linearly related to the
amount of alcohol consumed. Alcohol intake along with tobacco use are considered the major contributory factor in the development of esophageal carcinoma worldwide. It is estimated that 90% of squamous cell carcinoma of esophagus in western Europe and north America can be attributed to tobacco and alcohol use. Twenty five percentage of breast carcinoma world-wide are due to obesity according to the international agency for research on cancer. Literature says that increased body mass index (BMI) is a risk factor adenocarcinoma of esophagus and the individuals with highest BMI have upto seven fold greater risk of esophageal carcinoma as compared to those with low BMI.

Reviewer 2’s comments:

Style of writing needs to be improved
case is rare and interesting and should be published

Reply: done as advised.