Author's response to reviews

Title: Locally advanced breast cancer made amenable to radical surgery after a combination of systemic therapy and Mohs paste: A case series

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Author's response to reviews: see over
August 19, 2012

Professor Michael Kidd AM
Editor-in-Chief
Journal of medical case reports

Dear Prof. Kidd:

Re: Manuscript reference no. MS 1991311853702546

Please find attached a revised version of our manuscript “Locally advanced breast cancer made amenable to radical surgery after a combination of systemic therapy and Mohs paste: A case series”, which we would like to resubmit for publication as a case report series in Journal of medical case reports.

Your comments and those of the reviewer were very insightful and enabled us to greatly improve the quality of our manuscript. The following pages cover our point-by-point responses to reviewers’ comments.

Revisions in the text are shown using yellow highlights for additions. In accordance with reviewer’s suggestion, we added a short statement. We checked the Instructions for Authors document on your journal’s webpage and corrected the structure of our submission. The document has been comprehensively reviewed by a professional editing service. We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in Journal of medical case reports.

Thank you for your consideration. We look forward to hearing from you at your earliest convenience.

Sincerely,
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Responses to the comments of Reviewer #1

1. Authors should briefly describe the methodology and criteria to assess ER, PR, and HER2 positivity.

Response:

Thank you for your suggestion. According to your suggestions, we have added the short statement in the Case presentations on page 5, line 16-22. Criteria of ER and PgR positivity were compliant with Guideline of the Japanese Breast Cancer Society. HER2 positivity was in accordance with the ASCO/CAP guidelines for HER2 testing. We have cited this guideline as ref. 11.

2. Patient 1 had a compression fracture. Was it due to osteoporosis or bone metastasis? PET/CT sometimes fails to detect bone metastasis.

Response:

We appreciate your comment. MRI was also performed for the vertebra, neoplastic lesions was not obvious. So we diagnosed compression fractures due to osteoporosis. We have added the short statement in the Case presentations on page 5, line 12-13.

3. Why was letrozole selected, even though patient 1 had a compression fracture?

Response:

We appreciate your comment. This patient was locally advanced breast cancer with no distant metastasis. Therefore, we began treatment by AI which was expected more effective with resection in mind. Of course, bone density of the lumbar spine was examined. We also administered in combination of alendronate, calcium and vitamin D3 as a treatment for osteoporosis. We have added the short statement in the Case presentations on page 6, line 5.

4. Are there any published reports that the effectiveness of Mohs paste differs from tumor phenotype?

Response:

We appreciate your comment. To the best of our knowledge, there are no reports referring to the differences between tumor phenotype.

5. To obtain negative surgical margin after Mohs chemotherapy, do the authors have any cautionary advice?

Response:
We appreciate your comment.
We try to take 1-2 cm safety margin during tumor resection. In addition, intraoperative pathological examination of surgical margin is most important. However, normal mastectomy is sometimes difficult to secure negative margins depending on the size and location of primary tumor. We consider that plastic surgery or mesh graft transplantation is necessary if the defect cannot be closed.