Author’s response to reviews

Title: The role of MRI and clinicopathologic features in predicting the invasive component of biopsy-confirmed ductal carcinoma in situ

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Author’s response to reviews:

BMIM-D-20-00159R2, "The role of MRI and clinicopathologic features in predicting the invasive component of biopsy-confirmed ductal carcinoma in situ"

Dear Editor and reviewers of BMC Medical Imaging:
We appreciate again your valuable comments and constructive suggestions. Here, we provide a point-to-point reply to all comments. All changes have been highlighted and underlined in the revised manuscript.

Please let me know if you require any additional changes or information.
We hope that the manuscript is suitable for publication in BMC Medical Imaging as an original article.

Sincerely,

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[REVIEWER COMMENTS]
Reviewer 1: Most of the previous comments have been addressed. Only a few more comments.

1. Page 9 Line 23: "Among all variables, the following were statistically significant in univariate analysis: older age (P =0.07)".
   
   All of the other P values in the manuscript have three digits after the decimal point. Please correct P =0.07 to P =0.070. In addition, the P value is larger than 0.05, and therefore, should not be described as statistically significant (especially as the authors have written that a P value < 0.05 was considered statistically significant in the Statistical analysis section). Although variables with P values < 0.1 in univariate analysis were included in the multivariate analysis, this does not mean that a P value < 0.1 is statistically significant.
   
   Thank you for your important comment. We revised the sentence in Results section as follows: Among all variables, the followings that showed P values < 0.1 on univariate analysis were used as input variables in subsequent multivariate analysis: older age (P = 0.070), US-CNB (P = 0.009), nuclear grade 3 (P = 0.001), presence of necrosis (P = 0.044), negative ER (P < 0.001), negative PR (P < 0.001), positive HER2 (P < 0.001), high Ki-67 level (P < 0.001), presence of mammographic calcification (P = 0.072), minimal or mild BPE (P = 0.051), and mass (P = 0.041) or NME (P = 0.019) detection on MRI.

2. For logistic regression analysis results, it would be better to write the odds ratio and 95% CI intervals in the Abstract.
   
   Thank you for your comment. We added odds ratio and 95% CI intervals in the Abstract as follows: The detection on MRI as mass (Odds ratio (OR) = 8.84, 95% confidence interval (CI) = 1.05-74.04, P = 0.045) or non-mass enhancement (NME; OR = 11.17, 95% CI = 1.35-92.36, P = 0.025), negative progesterone receptor (PR; OR = 2.40, 95% CI = 1.29-4.44, P = 0.006), and high Ki-67 level (OR = 2.42, 95% CI = 1.30-4.50, P = 0.005) were significant independent predictors of histologic upgrade.