Author's response to reviews

Title: Number of negative lymph nodes is associated with disease-free survival in patients with breast cancer

Authors:

San-Gang Wu (uno12345@163.com)
Jia-Yuan Sun (sunjiayuansysucc@126.com)
Juan Zhou (juanzhou12345@hotmail.com)
Feng-Yan Li (lifengyansysucc@126.com)
Qin Lin (linginxmfh@126.com)
Huan-Xin Lin (linhuanxinsysucc@163.com)
Xun-Xing Guan (23244318@qq.com)
Zhen-Yu He (unowu12345@hotmail.com)

Version: 2 Date: 3 December 2014

Author's response to reviews:

Date: Dec 3, 2014
Dear Editor and Reviews
First of all, we thanks editor and reviews for their careful reviews and positive, constructive and insightful suggestions. We have carefully addressed the issues raised by the reviewers, point by point. All changes made to the text are highlighted in red so that you can easily identify. With regard to your comments and suggestions, we wish to reply as follows.

Comments:
Reviewer's report 1
- Minor Essential Revisions
1. Page 5 line 3. Sentinel lymph node dissection is usually referred to at sentinel lymph node biopsy to distinguish it from Axillary lymph node dissection.

Answer: Thanks for the reviewer's comments. The sentinel lymph node dissection has been revised as sentinel lymph node biopsy in revised manuscript.

2. Page 13 line 19. “study” should be “this study” or “studies”

Answer: Thanks for the reviewer's comments. We apologize for the negligence. The "study" has been revised "studies" in the revised manuscript.

Reviewer's report 2

Minor Essential Revisions:
(1) There were a number of typos or grammatical errors in the manuscript, as listed below: (P=page number, L=line number)

P5 L13 - "axillary" is spelled incorrectly
Answer: Thanks for the reviewer’s comments. The corresponding parts have been revised in the revised manuscript.

P7 L4 - delete "where"
Answer: Thanks for the reviewer’s comments. The corresponding parts have been revised in the revised manuscript.

P7 L11 - add an "s" to the end of characteristic
Answer: Thanks for the reviewer’s comments. The corresponding parts have been revised in the revised manuscript.

P8 L16 - should be "from the axilla"
Answer: Thanks for the reviewer’s comments. The corresponding parts have been revised in the revised manuscript.

P9 L13 - should be "in the present study"
Answer: Thanks for the reviewer’s comments. The corresponding parts have been revised in the revised manuscript.

P13 L19 - should be "studies"
Answer: Thanks for the reviewer’s comments. The corresponding parts have been revised in the revised manuscript.

P14 L6 - there is double repeat of the word "staining"
Answer: Thanks for the reviewer’s comments. The corresponding parts have been revised in the revised manuscript.

P15 L9 - should be "the present study"
Answer: Thanks for the reviewer’s comments. The corresponding parts have been revised in the revised manuscript.

P15 L10 - should be "was performed"
Answer: Thanks for the reviewer’s comments. The corresponding parts have been revised in the revised manuscript.

P15 L15 - should be "the local recurrence rate"
Answer: Thanks for the reviewer’s comments. The corresponding parts have been revised in the revised manuscript.
P16.10 - should be "our study indicates"

Answer: Thanks for the reviewer's comments. The corresponding parts have been revised in the revised manuscript.

Discretionary Revisions

(1) Clarification on page 7, line 14-16 - the article seems to state that the definition of positive ER/PR receptors is 10% and 1% - do they mean intensity of staining?

Answer: Thanks for the reviewer's comments. We apologize for the negligence. In present study, ER and PR positive was defined as >1% positive cells on immunohistochemical staining. We have revised the sentence as follows in the revised manuscript: ER and PR positive was defined as more than 1% positive cells on immunohistochemical analysis.

(2) Page 11, line 5-6 - in group , the 5/10 year survival is lower than both groups 2 and 4, and there is no explanation given for this. The data for groups 2/3/4 are just combined and compared to group 1. I think it would be interesting to postulate why group 3 would be statistically significantly worse than groups 2 and 4.

Answer: Thanks for the reviewer's comments. Disease-free survival (DFS) of the group 1 and the group 2, 3, and 4 have significant difference, the DFS among group 2, 3, and 4 was no significant difference and survival curves were overlapping in group 2, 3 and 4. We have re-edited the sentence because it may be cause misunderstanding. The sentence have been revised in the revised manuscript as follows: The number of NLNs removed had a significant impact on DFS, the 5-year DFS in group 1, group 2, group 3, and group 4 were 69.5%, 86.0%, 83.3%, and 87.6%, respectively. The 10-year DFS in group 1, group 2, group 3, and group 4 were 61.8%, 76.8%, 78.5%, and 81.7%, respectively (P < 0.001) (Figure 1A).

(3) There is no analysis of patients who got axillary radiation versus those that did not, which we know would decrease local recurrence.

Answer: Thanks for the reviewer's comments. In the present study, all patients underwent an axillary lymph node dissection and the number of removed axillary lymph nodes was more than 10. Postoperative treatments including radiotherapy were performed based on the tumor stage in the present study. In Sun Yat-Sen University Cancer Center, radiation therapy to the axilla is not routinely given for patients receiving axillary clearance. Thus, we can not give the comparative data of patients with and without axillary irradiation. Thank you!