Author's response to reviews

Title: ER, PgR, Ki67, p27Kip1, and histological grade as predictors of pathological complete response in patients with HER2-positive breast cancer receiving neoadjuvant chemotherapy using taxanes followed by fluorouracil, epirubicin, and cyclophosphamide concomitant with trastuzumab

Authors:

Sasagu Kurozumi (chachagot-a-mail@hotmail.co.jp)
Kenichi Inoue (ino@cancer-c.pref.saitama.jp)
Hiroyuki Takei (takei-hiroyuki@nms.ac.jp)
Hiroshi Matsumoto (hiromatsu@cancer-c.pref.saitama.jp)
Masafumi Kurosumi (mkurosumi@cancer-c.pref.saitama.jp)
Jun Horiguchi (junhorig@gunma-u.ac.jp)
Izumi Takeyoshi (takeyoshi@gunma-u.ac.jp)
Tetsunari Oyama (oyama@gunma-u.ac.jp)

Version: 5
Date: 19 July 2015

Author's response to reviews: see over
July 19, 2015
Professor Doctor Dafne Solera
Executive Editor, BMC Cancer
BioMed Central, 236 Gray’s Inn Road, London WC1X 8HB, United Kingdom

Dear Professor, Doctor, Dafne Solera

We thank to Professor Doctor, Dafne Solera, Professor Doctor James Modern and Professor Doctor Carla Fisher for careful reading our first revised manuscript, and for giving additional kind and encouraging comments. We would like to express our hearty thanks to you and two reviewers. We completely agree to all comments and suggestions. Then we reanalyzed our data and rewrote our second revised manuscript according to all suggestions as follows.

In response to the Referees’ comments, we have revised the manuscript again:

MS: 1485514039139507 - ER, PgR, Ki67, p27Kip1 and histological grade as predictors of pathological complete response in patients with HER2-positive breast cancer receiving neoadjuvant chemotherapy using taxanes followed by fluorouracil, epirubicin, and cyclophosphamide concomitant with trastuzumab.

Thank you for in advance with consideration of this second revised manuscript. We are looking forward to be published our manuscript in BMC Cancer.

Sincerely yours,

Sasagu Kurozumi, M.D, first author

Masafumi Kurosumi, M.D., Ph.D., Correspondence
Department of Pathology, Saitama Cancer Center
780 Komuro, Ina-machi, Kitaadachi-gun, Saitama 362-0806, Japan
Phone: 81-48-722-1111
Fax: 81-48-722-3333
E-mail: mkurosumi@cancer-c.pref.saitama.jp
Lists of our answers and corrections to comments of 2 referees and editor are shown in the following pages:

**Editor:**
Dear Professor Doctor Dafne Solera
We totally agree to your advices and comments, and we revised our paper according your suggestions. We would like you to confirm our revising paper.
Our answer and correction to each your comments are as bellows;

<table>
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<tr>
<th>Page-Line</th>
<th>Your comments</th>
<th>Our answers and corrections</th>
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<tbody>
<tr>
<td>11-27, 28</td>
<td>Detailed contributions for all the authors in the Authors' contributions section; 3 are missing we believe.</td>
<td><strong>Correction.</strong> We added the following sentence at page 11, line 27, 28, “JH, IT, and TO contributed in statistical evaluation of results and theoretical organization of manuscript.”</td>
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<tr>
<td>11-12 to 17</td>
<td>Requesting list of abbreviations.</td>
<td><strong>Correction.</strong> We added the list of abbreviations at page 11, line 12-17.</td>
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<td></td>
<td>We recommend that you copyedit the paper to improve the style of written English. If this is not possible, you may need to use a professional language editing service.</td>
<td><strong>Ans.</strong> English expression of our second revised manuscript was carefully checked and corrected by a native speakers belonging to professional language editing service company.</td>
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Referee 1:
Dear Professor Doctor James Modern
We totally agree to your advices and comments, and we revised our paper according your suggestions. We would like you to confirm our revising paper.
Our answer and correction to each your comments are as bellows;

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<tr>
<td></td>
<td>Needs some language corrections before being published.</td>
<td><strong>Ans.</strong> English expression of our second revised manuscript was carefully checked and corrected by a native speaker belonging to professional language editing service company.</td>
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</table>
Referee 2:

Dear Professor Doctor Carla Fisher

We totally agree to all your advices and comments, and we revised our paper according to your comments. We would like you to confirm our revising paper.

Our answer and correction to each your comment are as be llows;

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<tr>
<td>4-10 to 15</td>
<td>What was inclusion/exclusion criteria for the 129 patients?</td>
<td><strong>Correction.</strong> We added the following sentence at page 4, line 10 to 15, “The main eligibility criteria were: age ( &gt;20 ) years, an Eastern Cooperative Oncology Group performance status of 0–1, adequate oral intake, preserved major organ functions, and the ability to provide informed consent. Patients were excluded if they had a previous history of therapy for breast cancer, inflammatory breast cancer, a history of severe anaphylaxis or allergies to any drug, significant active illness that may preclude the protocol treatment, a history of uncompensated congestive heart failure, or severe mental disease. Pregnant or lactating females were also excluded.”</td>
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<td>4-5 to 9</td>
<td>Why did these patients undergo neoadjuvant chemotherapy?</td>
<td>trastuzumab for these patients was performed to evaluate the impact of pathological therapeutic effects evoked by additional administration of trastuzumab, and the main aims of this therapy for each patient were reduction of tumor size for prior to breast-conserving surgery, and evaluation of drug effect through pathological assessment of tumor response and good prognosis in cases achieving pCR.”</td>
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| 4-18 to 20 / 6-28, 29 / 7-1, 2 | How was sentinel lymph node performed? Given the importance of nodal disease after surgery, I want to know more information about how many lymph nodes were removed for both sentinel lymph node biopsy and axillary lymph node dissection. | **Correction.** We added the following sentences at page 4 line 18 to 20, “In approximately 40% of patients, sentinel lymph node biopsy was performed using a combination method with an isotope (99mTc-sulfur colloid) and blue dye,”, and at page 6, line 28, 29 / page 7, line 1, 2, “In 38.8% of all cases, lymph node dissection was avoided, because of negative for metastasis in sentinel lymph nodes (Additional file 1); the median number of nodes removed by axillary lymph node...
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<td>dissection was 11 (range, 2-23), and the median number of nodes sampled only by sentinel lymph node biopsy was 2 (range, 1-5).</td>
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