

Format for ANSWERING REVIEWERS

May 30, 2014

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: axillanewconceptrev.doc).

Title: New Concepts in Axillary Management of Breast Cancer

Author: Can Atalay

Name of Journal: *World Journal of Clinical Oncology*

ESPS Manuscript NO: 10892

The manuscript has been improved according to the suggestions of reviewers:

1 Revision has been made according to the suggestions of the reviewer

Author might provide some additional hints concerning the use of SLNB in the neoadjuvant and DCIS settings.

This review mainly targets new concepts in case of sentinel lymph node positivity. The above mentioned topics can be reviewed in another article.

A table summarizing old vs new concepts in axilla treatment would be fine.

A table summarizing old vs new concepts is not preferred.

Bibliography might be refreshed (see for example: <http://www.uptodate.com/contents/sentinel-lymph-node-dissection-for-breast-cancer-indications-and-outcomes>)

References are renewed

Finally, currently recruiting trials based on Ultrasound examination of the axilla before surgical decisions should be quoted and discussed.

Trials regarding ultrasound examination of the axilla cannot be found.

WJCO Reviewer report

This is a very interesting review on a topic of major clinical importance. Some specific points:

- Sections "introduction" and "sentinel lymph node biopsy" need references.

New references were added.

- Last sentence of section "new definitions..." is not clear and should be revised.

"Nodal metastases detected by either immunohistochemistry or molecular methods such as polymerase chain reaction are staged as N0 (i+ or mol +)." sentence was added to make the last sentence clear.

- The last sentence of section "isolated tumor cells..." is not correct as the recent trend is for avoiding dissection in both isolated cells and micrometastases (mainly based on IBCSG 23-01 and Z0011 that had more than a third of patients with only micrometastases in SLN). If the author believes that this trend is not justified by the data, should discuss in more detail.

The last sentence is corrected as "As a result of these studies, surgeons avoid completion axillary dissection in patients with isolated tumor cells and micrometastases in sentinel lymph nodes."

- The first sentence of the 2nd paragraph of section on "macrometastases" is directly contradicting the next sentence that maintains the correct fact that only one randomized trial has been performed on completion lymphadenectomy in patients with macrometastatic disease.

The sentence was corrected as "There was a need for a randomized controlled trial to demonstrate the

requirement for completion axillary dissection in case of sentinel lymph node positivity.”

-The last sentence of the page “completion axillary dissection...” is not correct. Surgery may be therapeutic also. In addition, in some patients (e.g. in older ER+ patients that one could consider omitting chemotherapy with just one lymph node as opposed to giving chemotherapy if significant axillary tumor burden.)

Those two sentences were corrected according to reviewer’s suggestions.

-Some language editing is needed (e.g. efficacy instead of affectivity in several instances).

Affectivity is corrected as efficacy in the text.

Dr. Can Atalay suggests that the sentinel lymph node biopsy (SLNB) should be taken into account in the clinical management of breast cancer patients with sentinel lymph node negativity and even in some cases of sentinel lymph node positivity. This new concept should be emphasized in the surgical treatment of axilla, in order to avoid completed axillary dissection. The article is well written in general.

However, a few concerns should be addressed substantially. For example, the author presented the meta-analysis of axillary recurrence with very low rate 0.3-0.6% in SLNB micrometastasis patients. A comparison with axillary dissection controls and significance data should be also presented, which supports the author’s conclusion.

“On the other hand, axillary recurrence rate was reported as less than 1% after completion axillary dissection which is similar to the rates without completion axillary dissection (4,12).” sentence was added.

The development or history of this approach should be more detailed, when, where and/or who initially raised it etc.

Detailed and definite information regarding this issue cannot be found.

In addition, how is it currently accepted worldwide, in western countries (Europe, North America) vs. eastern countries (Asia)?

There is no definite differences in various regions of the World.

Is it limited for the application in different ages of patients?

It has already been mentioned in the text that avoidance of axillary dissection first started in elderly patients.

Finally, the full name of sentinel lymph node biopsy must be replaced with its abbreviation once SLNB is first introduced, i.e. page 4, 1st & 2nd paragraph.

Sentinel lymph node biopsy term was first abbreviated in introduction section when it was used for the first time in the text. However, when the term is used at the beginning of a sentence, it was written in the long format.

Thank you again for publishing our manuscript in the *World Journal of Clinical Oncology*

Sincerely yours,

Can Atalay, MD, PhD

Biskek Cad. Yesiltepe Bloklari

4. Blok, No: 11 06510 Emek

Ankara - Turkey

e-mail: atalay_can@hotmail.com

Phone: +90 312 3360909 ext.5452