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Answering reviewers

1. Primary goal: Please describe the results of St.Gallen International Breast Cancer Conference 2015 (Coates AS, et al. Ann Oncol 2015, Epub ahead of print). In the meeting, a meta-analysis written by Houssami N (Ann Surg Oncol 2014; 21(3): 717-30.) was highlighted, and majority of the panelists agreed that the minimal acceptable surgical margin was “no ink on invasive tumor” in women undergoing BCS for invasive breast cancer and proceeding to standard radiation and adjuvant systemic therapy.

Thank you for noticing the article by Coates et al. We know added this referecene.

In the recent St.Gallen International Breast Cancer Conference 2015, the majority of the panelists agreed that the minimal acceptable surgical margin was “no ink on invasive tumor” in women undergoing BCS for invasive breast cancer and proceeding to standard radiation and adjuvant systemic therapy. [21] However, two recent surveys in the US have reported that, against the national breast cancer guidelines, 85% of breast surgeons do not accept a tumour-free margin less than 1mm. [22;23]

2.The numbering of the each chapters and sections is confusing. The number of all chapters should be unified in Roman numerals (C. Palpable breast cancer →III, D. Learning curve →IV, E→V, F→VI.). Each section of chapter II (Non-palpable breast cancer) should be numbered in italic lowercases like chapter I (Breast conserving therapy).

This is correct, we changed the chapter and section numbering as proposed.

3. There are so many unnecessary spaces and spelling errors. Examples: line 63, of more line 68, BSC is line 94, and there line 95, quality of life of (QOL) line 114, volumina I would suggest that the authors use a professional editing service after making the changes. 4. Authors should use the abbreviation "CRR" after the first definition. (line 181, 233 and 276) 5. Reference 10 and 20 is the same article

You are correct, we changed the references, the double reference by Moran et al. was removed. Additionally, all extra spaces are removed and the abbreviation 'CRR' is used after the first explanation of 'calculated resection ratio'.