

Format for ANSWERING REVIEWERS



March 28, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8647-edited_Rev_03 27 2014).

Title: Breast Cancer-Related Lymphedema: Diagnosis, Risk Reduction, and Management

Name of journal:

Columns: TOPIC HIGHLIGHT

Author: Mei R. Fu

Name of Journal: World Journal of Clinical Oncology

ESPS Manuscript NO: 8647

Language evaluation: (1) Grade A: priority publishing;

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

1 Format has been updated

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

(1) Please write a summary of less than 100 words to outline the most innovative and important arguments and core contents in your paper to attract readers.

Please see the revised manuscript.

(2) The Authors should put the number of the references in Arabic numerals according to the citation order in the text. Put reference numbers in square brackets in superscript at the end of citation content or after the cited author's name. For citation content which is part of the narration, the coding number and square brackets should be typeset normally. For example, "Crohn's disease (CD) is associated with increased intestinal permeability^[1,2]".

Please see the revised manuscript.

(3) Please provide PubMed citation numbers for the reference list, e.g. PMID and DOI, which can be found at <http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed> and <http://www.crossref.org/SimpleTextQuery/>, respectively. The numbers will be used in the E-version of this journal. Thanks very much for your co-operation.?

Done. However, some references do not have PMID and DOI since these are the position papers or journals not PubMed indexed. Please see the revised manuscript.

Dear Editor,

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

responses are bolded and revisions are in RED.

1. The authors discuss many symptoms of lymphedema in the manuscript and reveal their correction with the severity of lymphedema. The title was suggested revised as "Breast Cancer-Related Lymphedema: Diagnosis, Risk Reduction, symptoms and Management."

Suggestion is Accepted. However, the title should be: Breast cancer-related lymphedema: Symptom, diagnosis, risk reduction, and management

2. No key words in Abstract.

Suggestion is Accepted. Please see the revised abstract.

3. The abbreviation should be mention adequately. For example, body mass index (BMI) in page 1; AUC in page 3 and CDI (complete decongestive therapy) in page 10.

Suggestion is Accepted. Please see the revised abstract.

4. The order of reference in 2nd paragraph seem non-continues. From [4-6] to [11-12] and lacking of [7-10].

The references are correct.

5. The sonography might be another alternative method for diagnosis and measurement of lymphedema.

With all the respect, sonography only measures the thickness of the skin. Existing limited research did not provide evidence about the sensitivity and specificity of this method. This method needs more research to be discussed in review paper like this. The purpose of this review is to provide clinical relevant and evidence-based knowledge. It is not appropriate to include this method in this paper. Thanks for your understanding!

6. Although breast cancer-related lymphedema can also occur in the shoulder, breast, and thoracic regions, the upper limb is the most site. However the incidence is not mention.

Please see the revised manuscript.

7. Page 5, " On average, breast cancer survivors reported 4.2 symptoms for survivors with <5.0% limb volume change (LVC); 5.5 symptoms for 5.0-9.9% LVC, 7.0 symptoms for 10.0-14.9% LVC, and 12.5 symptoms for > 15% LVC [17]." The symptoms mean symptom scores? Pleas make sure!

Please see the revised manuscript.

8. Table 1 showed other observable symptoms. The sentence as "the swelling in only observable sign of lymphedema" is not adequate here.

There is no above sentence. On Page 5: "Because swelling is the cardinal sign of lymphedema" On page 6: "Since swelling is one of the key observable signs of lymphedema, objective measures are usually considered superior to symptom assessment or patient's perception of lymphedema."

9. Other co-morbidity such as DM, hypertension, hypothyroidism, COPD, and different therapy such as chemotherapy and radiotherapy might also be risk factors of lymphedema. **With all the respect, there are no research that has showed that DM, hypertension, hypothyroidism, COPD are risk factors for breast cancer-related lymphedema, although more survivors with lymphedema had more comorbidities. It is inaccurate to state that those comorbidities are risk factors for breast cancer related lymphedema.**

In the paper, I stated that chemotherapy and radiation are risk factors that cannot be modified. For risk reduction, we can only focus on modifiable risk factors, such BMI and compromised lymphatic system.

10. The author mention "However, to date, the paucity of high quality evidence is lacking to support these practices to reduce the risk of developing lymphedema." The associated studies should briefly be discussed in the manuscript because patient-education is important clinically.

Please see the revised manuscript.

11. About preventing infection and trauma, the author only focus on blood sampling. There are still other preventing and risks for this topic, please do additional remark.

Please see the revised manuscript.

12. Table 2 showed recommend exercise in patients with lymphedema. Some recent RCTs also suggest resistance training and this should be mention in your discussion.

Please see the revised manuscript.

13. Page 9, sentence "Patients are able to maintain limb size reduction with the use of compression garments after liposuction. Liposuction does not correct inadequate lymph drainage and is contradictory when pitting is present". The pitting means pitting edema?

Yes: pitting edema. Please see the revised manuscript.

14. Page 9, sentence" Studies have shown long-term volume reduction as high as 50-63% in up to 79% of patients who are 100% compliant [41-42]." mean unclear.

Yes, mean limb volume. Please see the revised manuscript.

15. About treatment of lymphedema, the low power laser might be another choice. Please add in your discussion.

With all the respect, similar to sonography as diagnostic tool, low-dose laser needs more large sample and double-blind randomized research to provide evidence. The purpose of this review is to provide clinical relevant and evidence-based knowledge. It is not appropriate to include this treatment in this paper. Thanks for your understanding!

15. The author concluded optimal self-care typically includes the optimal nutrition and hydration. However no associated contents in your discussion about this topic.

Suggestion is Accepted. Please see the revised abstract.

16. The reference No. 33 and 34 seem the same, please correct. Besides the different style of references should be corrected.

The reference No 34 is deleted. Reference style is corrected.

Submitted with respect by the author

3 References and typesetting were corrected
As to my best ability.

Thanks!



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