



Title	Re: Practice of breastfeeding and factors that affect breastfeeding in Hong Kong [2]
Author(s)	Tarrant, M; Dodgson, J
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Gastro-intestinal stromal tumours in Hong Kong

To the Editor—We read “Gastro-intestinal stromal tumours: a review of current management options”¹ with interest. We wish to point out that, in Hong Kong, gastro-intestinal bleeding is the most common presenting symptom (60-80% of cases), in contrast to ‘vague abdominal mass’ or ‘fullness’ seen in many overseas studies.² Endoscopic ultrasound (EUS) is invaluable in the management of gastro-intestinal stromal tumours (GISTs) due to its unique ability to reveal detailed tumour structures in relation to the adjacent fine bowel wall layers. A heterogeneous mass arising from the muscularis propria/mucosae with irregular extraluminal margins, cystic spaces, and lymph nodes, is highly suggestive of a malignant GIST.³ Endoscopic ultrasound-guided needle-aspiration biopsy with immunohistology staining provides prognostic markers which influence therapeutic strategies. Successful EUS-guided endoscopic resection of a small GIST has been reported.⁴ The GIST field was revolutionised by the 1998 discovery of c-KIT (CD117 antigen) as both a diagnostic marker and therapeutic target. We observed an increase in the incidence of GIST following the introduction of CD117, in both Hong Kong and the US.² In a homogenous population of CD117-positive GISTs, we are likely to see more consistent data regarding survival and treatments from new studies.

While grossly incomplete tumour removal is an established poor prognosticator, lack of data makes it difficult to determine optimal strategies for management of patients with microscopic involvement of the resection margin. In our cohort, survival and tumour recurrence rates in patients with microscopic involvement of the resection margin resembled those of patients with complete tumour resection. Nevertheless, we support the author's comment that the surgeon should attempt to obtain microscopically negative margins in any GIST with malignant potential.

CW Chan, MB, ChB, FHKAM (Medicine)
E-mail: chanchunwing@hotmail.com
Department of Medicine, Yan Chai Hospital, Hong Kong
Henry KF Mak, MB, ChB, FHKAM (Radiology)
Department of Radiology, Prince of Wales Hospital, Hong Kong
KH Chan, MB, ChB, FHKAM (Medicine)
Department of Medicine, Yan Chai Hospital, Hong Kong
Ruth LK Lau, MB, ChB, FHKAM (Pathology)
Department of Pathology, Yan Chai Hospital, Hong Kong

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Re: Practice of breastfeeding and factors that affect breastfeeding in Hong Kong

To the Editor—We read with interest the above paper by Leung et al¹ published in the December 2006 issue of your journal. A number of passages in paragraphs three and four of the discussion section of this paper were attributed to a previous Hong Kong study of new breastfeeding mothers published by us in another journal.² While we appreciate that our research is being

read and disseminated to researchers and practitioners in Hong Kong and elsewhere, we would like to point out the erroneous nature of those citations. Of the four references to our study cited in the article, none actually reported the results of our research. Leung et al simply rephrased points contained in our review of the literature, all of which we referenced to the original

sources. By attributing those statements to our study, Leung et al make it appear that these are our findings when they were merely background information taken from a number of appropriately referenced sources. This type of secondary citation reflects poor scholarship and should be avoided, particularly when the original sources are readily available in Hong Kong. When unavoidable, secondary citations of this nature should be clearly identified and the original source also cited, enabling the reader to ascertain the source of the information.³ We would like to clarify that none of the citations of our paper in Leung et al's article are actually attributable to

either our study findings or the expressed opinions of the authors, and therefore should not be referenced as such.

Marie Tarrant, RN, PhD

E-mail: tarrantm@hku.hk

Department of Nursing Studies

University of Hong Kong, Hong Kong

Joan Dodgson, RN, PhD

School of Nursing and Dental Hygiene

University of Hawai'i, Hawaii

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3. Publication manual of the American Psychological Association. 5th ed. Washington, DC: American Psychological Association; 2001.

Authors' reply

To the Editor—We thank Tarrant and Dodgson for their interest in our article¹ and would like to discuss the referencing issues they raise. We agree that secondary citations should be avoided to enable readers to ascertain the sources of information. Whilst every effort was made to locate the original source of each piece of information, many difficulties were encountered. These included browsing webpages that were last accessed by the original author 4 years ago and have now closed. The situation was not helped when we tried to locate another article published over 10 years ago that was no longer available on powerful medical literature search engines. Thus, we were concerned that readers may not be able to access those original sources had we referenced them, and may therefore think that they had been misled. That is why the original sources were not put into the references section of our article.

Secondly, Tarrant and Dodgson pointed out that we made four references to a previous study they had

conducted, but only three references were made to the article of interest.² The remaining reference was to another article³ of which the significant findings were, in fact, addressed by us in our discussion.

This misunderstanding is regrettable and we hope that we have clarified the situation.

EYL Leung

KYA Au

SSW Cheng

SY Kok

HK Lui

WCW Wong, DCH, FRCGP

E-mail: cwwong@cuhk.edu.hk

Department of Community and Family Medicine

School of Public Health, Faculty of Medicine

The Chinese University of Hong Kong

Prince of Wales Hospital, Shatin, Hong Kong

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