*LAPTM4B*2* overexpression is associated with a poor response to chemotherapeutic agents such as anthracyclines.[7] *LAPTM4B*2* overexpression is also associated with an increased risk of metastatic recurrence in breast carcinomas. Similarly, *LAPTM4B*2* increases the genetic susceptibility to cervical carcinomas. This is especially true in certain Asian populations, such as the Chinese population. The genetic susceptibility is greater in multiparous women as well as in those with a history of current or past smoking. In fact, Meng et al[8] reported an odds ratio of 2.12 for the *LAPTM4B*2/2* genotype.

The preceding examples clearly illustrate the close relationship between *LAPTM4B* expression and systemic carcinogenesis.

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Occurrence of seroma after mastectomy: where is the solution?

To the Editor:

We read the article titled "Preventing Seroma Formation After Axillary Dissection for Breast Cancer: A Randomized Clinical Trial" by Iovino et al[1] with great interest. The authors need to be congratulated for addressing the issue of seroma formation after mastectomy and axillary dissection, which has been consistently a baffling problem in breast surgery. The basic essence of any randomized controlled trial is that the 2 groups (the control vs the intervention group) should be similar in all respects except the variable outcomes to be measured. There are a number of preoperative patient characteristics including the presence of underlying comorbidities (ie, hypertension), surgical factors (ie, the extent of mastectomy and suture flap fixation), and postoperative factors (ie, compression dressing, intensity of suction pressure, immobilization of the shoulder, and timing of shoulder movement) that were not commented on by the authors when comparing the 2 groups.[2,3] These patient characteristics might have made the 2 groups dissimilar and might have influenced the results.

The authors compared the clinical parameters in the 2 groups using both the *t* test and the Wilcoxon signed rank test and provided *P* values in Table 2[1] It is worth mentioning here that continuous outcome variables can be compared using parametric tests (ie, the 1-sample *t* test and the paired *t* test) only when normality (and homogeneity of variance) assumptions are satisfied; otherwise, an equivalent nonparametric test (ie, the Mann Whitney *U* test or the Wilcoxon signed rank test) should be used.[4]

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