

Hello,

**Thank you kindly for the opportunity to revise and resubmit our manuscript for publication in WJCO. Below in bold underline are our responses to the questions/concerns raised during the review process. Thank you for your guidance and suggestions for improvement.**

**Specific Comments to Authors:**

1 Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes  
2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? Yes  
3 Key words. Do the key words reflect the focus of the manuscript? Yes  
4 Background. Does the manuscript adequately describe the background, present status and significance of the study? Yes  
5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Yes

6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? Yes, this study provided the potential for the early BCS patients to improve their aerobic capacity through community-based exercise. However, why was the VO<sub>2</sub>peak higher in BCS patients than that in controls? The authors should compare their results pre vs post, BCS vs controls in different levels.

**We believe there is a misunderstanding here. BCS and controls were no different at baseline in terms of VO<sub>2</sub>peak, and both groups improved similarly (+1.2ml/kg/min) from pre to post testing. This change/improvement was statistically significant and was not different between groups. Please refer to Figure 2A.**

7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? Yes. The benefits of exercise can be got from different studies, but for patients with cancer, how to define the criteria is very important. The current study focused on VO<sub>2</sub>peak and investigated its potential to use in such patients. How to extend the use of this criteria in other stage of BCS or in other types of cancers. Importantly, as the survivors did not meet recommended physical activity guidelines, how to improve their compliance?

**Thank you for this feedback. We have added and edited the existing section which addressed compliance and speculated barriers to compliance in paragraph 3 and 4 of the discussion.**

8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends? No. The construction and design of the tables were horrible to illustrate their purposes. Please redesign the tables. **Thank you for your feedback. While more specific suggestions would have been helpful for guidance, we have redeveloped the tables in attempt to improve their impact/clarity for the paper. There was no place to upload revised tables so they are \*\*included below in this document\*\*.**

9 Biostatistics. Does the manuscript meet the requirements of biostatistics? Yes.

10 Units. Does the manuscript meet the requirements of use of SI units? Yes.

11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? No. Too many references. **This has now been updated and a number of references were eliminated. Self-citation rates remain well below the 10% maximum threshold.**

12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? No, some of the writing is too verbose, based on their results. Please do not over-explain. **Thank you for your perspective. Manuscript was revised to consolidate particular concepts and to simplify findings.**

13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? Yes

14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? Yes

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## **5 EDITORIAL OFFICE'S COMMENTS**

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

**(1) *Science editor:*** 1 Scientific quality: The manuscript describes a clinical and translational research of the impact of community-based exercise program participation on aerobic capacity in women with and without breast cancer. The topic is within the scope of the WJCO. (1) Classification: Grade C; (2) Summary of the Peer-Review Report: This study provided the potential for the early BCS patients to improve their aerobic capacity through community-based exercise. However, the questions raised by the reviewer should be answered; and (3) Format: There are 3 tables and 2 figures. (4) References: A total of 57 references are cited, including 3 references published in the last 3 years; (5) Self-cited references: There are 4 self-cited references. The self-referencing rates should be less than 10%. **We would like to emphasize that 4 self-cited out of 57 total citations = 7%, which is below the 10% maximum. After elimination of some references (as suggested by reviewer), self-citation is 7.5%.** Please keep the reasonable self-citations that are closely related to the topic of the manuscript, and remove other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated; and (6) References recommend: The authors have the right to refuse to cite improper references recommended by peer reviewer(s), especially the references published by the peer reviewer(s) themselves. If the authors found the peer reviewer(s) request the authors to cite improper references published by themselves, please send the peer reviewer's ID number to the [editorialoffice@wjgnet.com](mailto:editorialoffice@wjgnet.com). The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2 Language evaluation: Classification: Grade C. **Please see response in #5.**

3 Academic norms and rules: No academic misconduct was found in the Bing search.

4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCO.

5 Issues raised: (1) The language classification is Grade C. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>. **We are somewhat perplexed regarding this evaluation as the first author and supporting authors are all native-English speaking. The manuscript was written, edited, reviewed, and approved by all native-English authors for both content and grammar. If the reviewer can identify specific components of the manuscript that they suggest need further evaluation, we would welcome the opportunity to revisit suggested changes.**

(2) The "Author Contributions" section is missing. Please provide the author contributions. **Author contributions has been added.**

(3) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. **We apologize for this mistake, however we initially followed guidelines presented on Step 4 of "Steps for Submitting Manuscripts" on your WJCO website (<https://www.wjgnet.com/bpg/GerInfo/239>) which stated "all tables and images (figures) MUST be EMBEDDED in the manuscript file; there is not a separate submission step for the tables and figures". While in contrast to those guidelines, figures have now been reuploaded as an editable power point document.**

(4) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout. **Thank you for this great reminder, PMID and DOI numbers have been added to the references.**

(5) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text. **Article Highlights has been added.**

6 Recommendation: Conditional acceptance. **Thank you for your review and suggestions for improvement!**

\*\*Revised tables included below

**Table 1** Exercise progression in the Get REAL & HEEL Exercise Program

<b>AEROBIC EXERCISE</b>	<b>WEEK 1-2</b>	<b>WEEK 3-7</b>	<b>WEEK 8-16</b>
Duration (min)	10-15	10-30	30
Intensity	Low		Moderate
RPE	8-11		12-14
<b>RESISTANCE EXERCISE</b>	<b>WEEK 1-2</b>	<b>WEEK 3-5</b>	<b>WEEK 5-16</b>
Duration (min)	~30		
Intensity	Low to moderate		High
RPE	7-13		14-15
Sets x Reps / exercise	1x15	2x10-15	2x10

Table 2: Baseline Characteristics – mean (sd)

	<i>Breast Cancer</i> n=31	<i>Control</i> n=15	<i>Total</i> n=46
<b>Demographics</b>			
Age (yr)	54 (12)	55 (8)	54 (11)
Height (cm)	167 (7)	162 (7) *	165 (8)
Weight (kg)	77 (12)	75 (14)	76 (13)
BMI categories (kg/m <sup>2</sup> )			
Normal (18.5 to < 25)	29%	13%	24%
Overweight (25 to <30)	48%	60%	52%
Obese (30 to <35)	10%	7%	9%
Obese II (≥35)	13%	20%	15%
Body Fat (%)	41 (6)	40 (4)	41 (5)
Lean mass (kg)	42 (6)	42 (7)	42 (6)
Postmenopausal (%)	65%	67%	65%
Race (Caucasian, %)	87%	100%	91%
<b>Clinical Variables</b>			
VO <sub>2peak</sub> (mL/kg/min)	20.9 (5.3)	22.4 (2.8)	21.4 (4.6)
Time to Exertion (mm:ss)	9:41 (1:42)	10:21 (1:20)	9:54 (1:36)
Peak Power (Watt)	120 (26)	130 (20)	123 (24)
Six Minute Walk (m)	538 (72)	557 (53)	544 (67)
Timed Up & Go (sec)	4.8 (1.2)	3.9 (0.7) *	4.5 (1.2)
<b>Breast Cancer Details</b>			
Tumor Stage			
0	3%	--	--
I	27%	--	--
II	47%	--	--
III	23%	--	--
HR Status			
ER Positive	81%	--	--
HER2 Status			
Positive (all received Trastuzumab)	26%	--	--
Surgery			
Lumpectomy	71%	--	--
Mastectomy	29%	--	--
Cardiotoxic Therapies			
Anthracycline	23%	--	--
Trastuzumab	26%	--	--

Anthra + Tras	3%	--	--
Endocrine Therapy			
Aromatase Inhibitor	45%	--	--
Tamoxifen	19%	--	--
Days Since End of Primary Treatment	101 (91)	--	--

\* = *p-value* < 0.05 → significantly different between groups

**Table 3** Attendance and Compliance (out of 48 total days of training opportunity)

	<i>Breast Cancer</i> mean (SD) <i>n</i> =31	<i>Control</i> mean (SD) <i>n</i> =15	Cohen's <i>d</i>	<i>p</i> -value
Intervention Attendance (days)	35 (9)	33 (9)	0.22	0.420
Aerobic Compliance (days)	26 (10)	32 (9)	-0.63	0.060
Strength Compliance (days)	14 (5)	18 (3)	-1.00	<b>0.011</b>