

After we receive peer-review report, we have reconsidered the strengths and weaknesses of our manuscript.

As we all known, there are few studies on the treatment of breast cancer combined with renal failure. At the same time, combined with docetaxel, trastuzumab and pertuzumab (THP), as a preoperative neoadjuvant treatment of breast cancer with chronic renal failure (CRF), there are very few successful case reports, especially pertuzumab, which almost has no relevant case reports that it is applied to breast cancer combined with chronic renal failure, and few pharmacokinetic studies on renal failure about it. This report describes the case of a breast cancer patient with chronic renal failure and the use of THP preoperative neoadjuvant treatment regimen successfully and effectively, to explore a successful treatment strategy. We think that it may provide some reference for the treatment of the same disease.

Of course, just one case may not be able to fully explain the problem, we will try our best to collect more similar cases, so as to provide better reference for others.

In the case, we used breast ultrasound, magnetic resonance, leukocytes, neutrophils, platelets, hemoglobin, creatinine, urea, carcinoembryonic antigen and cancer antigen 153 to assess the effect of treatment and the toxicity of the drug, which is based on the guidelines of The National Comprehensive Cancer Network (NCCN) and the Chinese Anti-Cancer Association Clinical Oncology Cooperative Professional Committee (CSCO). We think they are reliable and it can be considered that there is no need to add other indicators.

At present, although someone has published a similar article in the journal "OncoTargets and Therapy", it did not involve the neoadjuvant treatment and the application of pertuzumab in the breast cancer patients with chronic renal failure, which is unique in our case.

In a word, our most important finding is that CRF is not a contraindication for systemic treatment and surgery of breast cancer. The THP regimen without dose adjustment may be a safe and effective neoadjuvant treatment regimen

for HER-2 positive breast cancer patients with CRF.

The answer to the reviewer as follow:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Well written Subject. Can be accepted for publication

Reply:

For the language, we will further modify and polish to improve the quality.

Thanks for your comment.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: dose only one case can give us good report about the problem? did you tried to see other cases which have the same problem? I think you should give more details about the case in the abstract

Reply:

Thanks for your comment. For the language, we will further modify and polish to improve the quality. We have tried our best to inquire other cases with the same problem through various channels. As a result, we found that there are few studies on the treatment of breast cancer combined with renal failure, and these patients rarely successfully complete a series of standard treatments such as neoadjuvant treatment and surgery. At the same time, combined with docetaxel, trastuzumab and pertuzumab, as a preoperative neoadjuvant treatment of breast cancer with chronic renal failure, there are very few successful case reports, especially pertuzumab, which almost has no relevant

case reports that it is applied to breast cancer combined with chronic renal failure. This case is a rare report for the disease and treatment. We think it not only can provide some reference for the treatment of the same disease but also can encourage more medical experts to conduct more in-depth research and discussion on this field, although only one case cannot play a decisive role. What's more, I have given more details about the case in the abstract.

Reviewer #3:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This manuscript is a well designed and proper discussed manuscript on breast cancer and will be beneficial article for oncologists. In the discussion section, it is necessary to mention other related case reports (such as <https://doi.org/10.2147/OTT.S223729>) .

Reply:

Thanks for your comment. For the language, we will further modify and polish to improve the quality. In addition, as a similar case published on the journal "OncoTargets and Therapy", Individualized Treatment Analysis Of Breast Cancer With Chronic Renal Failure is also a well designed and proper discussed article on breast cancer, which is worthy of my reference and learning. So I will mention related case reports in the discussion section of the manuscript.