

Reviewer #1:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** The manuscript present a very interesting case, of coexisting breast sarcoma and malignant axillary histiocitoma. The case is well written and based on a solid imagistic documentation. Some minor issues: For the fluidity of reading, I would suggest to keep only pathological findings in the section with the patient' s anamnesis and physical examination.

For the fluidity of reading, only pathological findings were described in the patient's anamnesis and physical examination.

Reviewer #2:

**Scientific Quality:** Grade D (Fair)

**Language Quality:** Grade C (A great deal of language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** 1. Manuscript requires language/ grammar and spelling check, few of such issues highlighted or commented upon.

We sent the revised manuscript to a professional English language editing company to polish the manuscript further.

2. Images are of poor quality. Better resolution images along with relevant descriptive text is required.

We used better-resolution images.

3. Histopathology description is missing in the image legends.

Histopathology descriptions were added.

4. Treatment details like Radiotherapy details, dose etc. is crucial for such report, which is missing.

Radiotherapy was described in detail.

5. Diagnostic details which should be main focus of the case report is poorly written and crucial details like IHC or HPE description is missing.

The pathological examination and immunohistochemistry were described.

Reviewer #3:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** In this study, the authors reported a 78-year-old female patient admitted to the hospital due to the accidental discovery of a left axillary mass. Preoperative examination revealed breast mass. Pathology showed left breast cancer and left axillary sarcoma. **Attention should be paid to multiple primary malignant neoplasms in clinical work, not limited to the current diagnosis and analysis, resulting in missed diagnosis and misdiagnosis. In my opinion, the following problems still need to be solved:** 1.The discussion site needs to be strengthened, especially for the diagnosis and prognosis of this disease

The discussion part of the article added the content on disease diagnosis and

prognosis.

2.it is suggested to increase systematic review and meta-analysis of relevant literature

**A systematic review of the relevant literature was added.**