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PEER-REVIEW REPORT

Name of journal: World Journal of Radiology
Manuscript NO: 32701
Title: Imaging of the Treated Breast Post Breast Conservation Surgery/ Oncoplasty: A Pictorial Review
Reviewer's code: 00504611
Reviewer's country: United Kingdom
Science editor: Xiu-Xia Song
Date sent for review: 2017-03-09
Date reviewed: 2017-03-10

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[Y] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a useful and valuable short review on this topic. The review is concise and well written. Typos: Page 4: "at or within a few centimetres" rather than "at or within few centimetres"

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PEER-REVIEW REPORT

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[Y] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[Y] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

GENERAL COMMENTS This manuscript is well written and the data set has long follow up. However it can hardly be called a review. It is a collection of images illustrating the different types of appearance of the breast after mastectomy, based almost exclusively on mammography even when there appears to be no place for mammography (Figure 16). It is basically a primer for the radiology resident on the appearance of the breast after (mainly) lumpectomy. Some (but not all) of the material could be used in a lecture, but no more than that. No mention is made of oncoplastic surgery after the title. No mention is made of residual disease after the abstract. A review should compare different alternatives and their relative values giving levels of evidence for the preferred approach. It should also describe any controversies surrounding the subject, describe how we got to where we are and what the future holds. Many interesting areas are totally neglected, such as how to follow a patient with involved or very close margins, how to follow a patient with BRCA who has had a

prophylactic mastectomy, etc.? SPECIFIC COMMENTS There is not a single image with clips marking the resected breast (directing radiotherapy, especially after tissue rearrangement in oncoplastic surgery) There are no photographs of the breasts imaged to show the scars of resection to illuminate the clinical aspects of the case and to compare with the mammographies. The mix of analog and digital images purporting to show the same patient over time can be confusing to the reader. The legend for figure 8 calls the follow up mammogram a scan The sequences shown in figures 9 10 and 11 appear to represent neglect on the part of the radiologists involved and have no place in an educational article such as this. Figure 11 is particularly difficult to understand in that the purported skin (it is SO easy to biopsy skin!) nodule is not actually shown in the images. Any new skin nodule after prior breast cancer surgery should immediately raise the suspicion of recurrence. Figure 12 in spite of the authors' claim there is no resemblance between the original calcs and those in the recurrence, and the MRI is of unacceptably poor quality – could be anything. Figure 14 Angiosarcoma is a rare phenomenon that mostly presents with skin changes which should alert the physician well before imaging is done. Again, it is so easy to biopsy skin. There is at least as much skin enhancement in the accompanying MRI as there is in the tumor. A photograph of the breast would have been a valuable adjunct to illuminate the radiologic findings. Figure 15. Contrary to what the authors wrote ("the relatively high observed rates of Paget's disease following BCT or subcutaneous mastectomy and reconstruction"), the reference cited (number 15) states that Paget's is RARE rather than common. 4 of 183 local failures in 2181 patients. As to how the diagnosis is made, the key is again physical examination rather than imaging. Figure 16. Do the authors really use mammography after mastectomy (with or without autologous reconstruction)? Surely the modality of choice for detecting pathological nodes is ultrasound. In any case axillary recurrence is rare under any circumstance, whether axillary clearance is complete or not. And what is that FDG avid structure in the anterior midline? Figure 18. The two mammograms appear to be from different patients: the vascular pattern of the breast in A is completely different from that in B and there are no microcalcifications or skin thickening in A, which are both very obvious n B.

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PEER-REVIEW REPORT

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		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

It should be reviewed by and English expert, otherwise it is a very good study