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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology
Manuscript NO: 35215
Title: Clinico-pathological predictors of long-term benefit in breast cancer treated with neoadjuvant chemotherapy
Reviewer's code: 02510166
Reviewer's country: Martinique
Science editor: Jin-Xin Kong
Date sent for review: 2017-07-03
Date reviewed: 2017-07-03

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] 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	[ ] Rejection
[Y] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Well written paper. Scope limited but useful descriptive data. Overall acceptable. I have minor questions. Did all patients undergoing neoadjuvant chemotherapy proceeded to receive surgery (how large is the population from which the 435 cases were selected)? Numbering of the Tables does not match, "Table 2" not referred to in the text, "Table 4 12"?

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology
Manuscript NO: 35215
Title: Clinico-pathological predictors of long-term benefit in breast cancer treated with neoadjuvant chemotherapy
Reviewer's code: 02725974
Reviewer's country: France
Science editor: Jin-Xin Kong
Date sent for review: 2017-07-03
Date reviewed: 2017-07-04

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

COMMENTS TO AUTHORS

Comments: Introduction: "More than 50% of all breast cancer patients will receive neoadjuvant chemotherapy (NAC)…": More than 50% is very high for all Breast cancer. It is not the usual practice in our country. Patients: "Stromal lymphocytic infiltration (sTIL) was prospectively evaluated in pre-NAC core biopsy and was defined as percentage of stromal area covered by lymphocytes[16].": Different sTIL cut of rates are reported (ref 1, 28): could you explained the choice of 60% cut-off Results: "There were 435 patients included for this study, median age at diagnosis was 49 years (range 24–84), median tumor size was 6.5 cm (range 1.0–24.0), T3 was found in 27.8% and T4 was found in 63.9%.": Are inflammatory breast cancer included. If yes, how many patients and rate? "Luminal A, Luminal B, HER2-enriched and TN phenotype was found in 48.3%, 14.5%, 17.7% and 19.5%, respectively.": Near 50% of patients were Luminal A: this is very different in comparison with the majority of NAC studies. We know that Luminal A

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tumors had poor pCR rate. An explanation and discussion about this rate is mandatory. "Complete pathological response (pCR) was observed in 48 (11%) patients.": It is a very low pCR rate which could be explained by the high rate of Luminal A BC Clinicopathological factors associated to pCR according to Breast Cancer Subtypes: Predictive factors of pCR could be analyzed by multivariate binary regression analysis in order to determine independent factors of pCR for all population and respectively for each subtype. Prognostic clinicopathological factors according to Breast Cancer Subtypes: Multivariate analysis (Cox model) results could be contributive Multivariate analysis, without pCR but including sTIL could be interesting in order to determine if sTIL rate is an important prognostic factor for DFS and OS Figures are not cited in the text Discussion "Pathological complete response is lower in Luminal-A (7.1%) subtype than Luminal-B (15.9%), HER2-enriched (13%) and TNBC (15.3%)": pCR rates and patient's number are different between Table 1 and 2… "Pathological complete response is also associated to longer survival in the whole population as well as in Luminal A (100% vs 59.6% 5 year OS, $p<0.001$) and TNBC (92.3% vs 33% 5 year OS, $p=0.006$) (and trend in Luminal-B and HER2-enriched) phenotypic subsets of our series.": These results are not presented in Chapter Results. "Contrary to our results, Minckwitz et al. found pCR was not associated to prognosis only in Luminal-A tumors in 6377 patients with Anthracycline-Taxane-based NAC from 7 randomized trials and some authors claim it is related to the observed continuous tumor shrinkage occurred in their ER-positive tumor group during extended NAC different than early and short-period tumor shrinkage observed in the ER-negative group[6, 18-24].": Population of BC patients is different with this study (very high level of T4 tumors and probably including some inflammatory BC). "Pathological complete response was more frequent in small tumor in both the whole population and in Luminal-A subtype in our series.": But only in Luminal A subtype (which represent near 50% of patients)

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology
Manuscript NO: 35215
Title: Clinico-pathological predictors of long-term benefit in breast cancer treated with neoadjuvant chemotherapy
Reviewer's code: 00289387
Reviewer's country: China
Science editor: Jin-Xin Kong
Date sent for review: 2017-07-03
Date reviewed: 2017-07-15

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[Y] Grade C: A great deal of language polishing	[ ] Duplicate publication	[Y] 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

Dr. Marco Galvez-Nieto et al sought to define the association of clinico-pathological factors with survival of patients with breast cancer treated with neoadjuvant chemotherapy. Although the authors found a variety of clinico-pathological factors that were significant correlated with poor outcomes, such as stage, ER expression, luminal types and lymph node status, most of these findings in general were published previously in different sets of clinical trials. Thus, the novelty of this study is the main issue that appears to be minimal. There were two tables Table 2 and 3 were redundant in some parts, therefore, it should be combined to be one table. In addition, there were some of grammatical errors that need to be corrected.

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology
Manuscript NO: 35215
Title: Clinico-pathological predictors of long-term benefit in breast cancer treated with neoadjuvant chemotherapy
Reviewer's code: 00739752
Reviewer's country: Turkey
Science editor: Jin-Xin Kong
Date sent for review: 2017-07-03
Date reviewed: 2017-07-17

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] 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

Altough the sample sizes of each breast cancer subgroup are small, your study is the first report of the neoadjuvant chemotherapy effect over breast molecular subtype in Latin-American population. You emphasized that high sTIL was associated with pathological complete response (p=0.002). A several minor corrections must be done. The first place where the abbreviation passes is clearly written. These corrections have been marked on the attached file.

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology
Manuscript NO: 35215
Title: Clinico-pathological predictors of long-term benefit in breast cancer treated with neoadjuvant chemotherapy
Reviewer's code: 00724492
Reviewer's country: Turkey
Science editor: Jin-Xin Kong
Date sent for review: 2017-07-03
Date reviewed: 2017-07-19

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
[Y] 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	[Y] Major revision
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		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Dear Author, In this study, prognostic ve predictive value of neoadjuvan chemotherapy in breast cancer. First of all, I would like to thank to the authors for their work. Possible corrections on the mentioned issues will provide a better understanding. 1. Please rewrite aim in abstract. It is not clear. 2. It should be noted that neoadjuvant chemotherapy is applied after treatment. These treatments are effective on the OS and PFS. 3. In material and method, statistical analysis rewrite (PFS ?, RECIST criteria, etc) 4. Please add follow-up criteria? 5. pCR and relapse is changed RECIST criteria. It is rewrittens this situation. 6. The article will be evaluated again after the revisions.