



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
**https://**[www.wjgnet.com](http://www.wjgnet.com)

1. Introduction: There is almost no information here. Add two or three sentences about 1) definition and main characteristics of apocrine carcinoma; 2) difference between apocrine carcinoma versus IDC or ILC, in regard of clinical prognosis, treatment or pathology.

**Answer:** Thank you for your comments. We have also recognized this problem and have revised it in the manuscript.

2. Case presentation part is grossly fine. However, authors herein are surgeons. Right? But how can you describe the treatment method regarding surgery as simply as, “In November 2019, the patient underwent modified radical mastectomy.” Don’t you have any more detailed descriptions want to tell the readers? Why did you decide to write a case report, as a breast surgeon? At least write surgical process in more detail, and describe any specific things you noticed.

**Answer:** I was ashamed. As a surgeon, we should write about the surgical procedure in detail. However, due to there was no special operation process during the operation, it was our mistake not to write in detail. We have already made some changes in the manuscript.

3. Rearrange orders of paragraphs in discussion section as: 1) Difference regarding clinical prognosis between apocrine carcinoma Vs. IDC or ILC; 2) Difference in clinical presentation and treatment options; 3) pathologic regards and other things you want to say.

**Answer:** Thank you for your suggestion. We have revised the manuscript appropriately.

4. “Zhang et al analyzed data from the Surveillance, Epidemiology, and End Results (SEER) Program, and suggested that compared with other invasive carcinomas, the prognosis of apocrine carcinoma of the breast is poor.” : describe in more detail. How poor? In survival? In what? I think prognostic factors are not important in this case report. Important to thing to discuss is how apocrine carcinoma is different from common breast cancers.



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**https://**[www.wjgnet.com](http://www.wjgnet.com)

**Answer:** Thank you for your reminding. You are right. Our aim is to reflect the feasibility of neoadjuvant therapy for apocrine carcinoma of the breast, rather than the prognosis. So we have revised the manuscript appropriately.

5. “The breast mass in our patient was initially up to 5.3 cm in diameter, was locally advanced and was unsuitable for surgery”: T4N1 breast cancer with 5.3cm tumor is indeed locally advanced, but can be treated with MRM, hence not unresectable. Probably, unsuitable for breast preserving surgery?

**Answer:** Your review was right. We have already made some changes in the manuscript.