

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 59680

**Title:** Application of neoadjuvant chemotherapy combined with anlotinib in occult breast cancer: A case report and review of literature

**Reviewer's code:** 05088164

**Position:** Associate Editor

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** Romania

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-09-26

**Reviewer chosen by:** Jia-Ping Yan

**Reviewer accepted review:** 2020-10-27 07:23

**Reviewer performed review:** 2020-10-29 20:21

**Review time:** 2 Days and 12 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

I had the pleasure to read the paper “Application of neoadjuvant chemotherapy combined with anlotinib in occult breast cancer: A case report” written by Yu Zhang et al. The authors present a case with occult breast cancer (OBC) with good results after neoadjuvant chemotherapy combined with anlotinib. The authors claim as this is the first report of this combination, a regimen that could be a suitable treatment option for OBC. OBC is a rare type of breast cancer, with low incidence and no systematic and standard treatment plan. The title of the paper reflects the main subject and the type of article, case report. The abstract correctly summarizes the main aspects of the case and the management, presenting also the evolution and the importance of this case presentation. Also, the keywords reflect the subject. I would not include “case report” as a keyword, even that it reflects the type of the paper. In the Introduction the authors describe appropriately the OBC definition and difficulties of diagnosis and management in this form of cancer. Also, the anlotinib is introduced with its dual effects on angiogenesis and tumor growth. The case presentation is clear, correctly following the steps to understand all the diagnosis and management of the patient. Data from history, physical exam, imaging support the diagnosis. Then, the treatment is presented with all cycles and surgery, plus radiotherapy and endocrine therapy. The follow-up of the case for 5 months was without signs of recurrence or metastasis. In the Discussion chapter of the manuscript, the authors interpret the findings adequately and appropriately, with a correct highlighting of the key points of the case. The authors interpret all the data in corroboration with data from the literature following the main aspects: no uniform treatment for OBC, the use of anlotinib, the mastectomy role and the prognosis of OBC compared with non-OBC patients. The figures included in the paper present the imaging results and the table present the US evaluation of lymph node during the



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treatment. Probably the legend of the images could insert more data about the results, not only the type of examination. The manuscript cites appropriately important references. I did not find any self-citation or incorrect citations. Just a minor correction at the first reference should be done (as the names are in Capital letters). The authors prepared their manuscripts according to the manuscript type and CARE Checklist. Related to the ethics statements, the authors present that the written informed consent was obtained before presenting the case. The manuscript is well and coherently organized, and the important data of the case are well presented. The style, language and grammar are accurate. There is no need for language corrections.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Academic degree:** MD, PhD

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**Reviewer's Country/Territory:** Romania

**Author's Country/Territory:** China

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**Reviewer chosen by:** Pan Huang

**Reviewer accepted review:** 2020-11-17 20:38

**Reviewer performed review:** 2020-11-17 21:10

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

The manuscript was improved based on reviewers recommendations. Still, I would recomand to use the full name of disease (occult breast cancer) at the beginning of the text - INTRODUCTION (as in abstract) and then to use the abbreviation OBC.