



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 62139

Title: Macrometastasis at selective lymph node biopsy (SLNB): A practical going-for-the-one clinical scoring system to personalize decision making

Reviewer's code: 05039386

Position: Editorial Board

Academic degree: DVM, MSc, PhD

Professional title: Adjunct Professor

Reviewer's Country/Territory: Brazil

Author's Country/Territory: Spain

Manuscript submission date: 2020-12-29

Reviewer chosen by: Man Liu

Reviewer accepted review: 2021-03-03 10:47

Reviewer performed review: 2021-04-02 02:21

Review time: 29 Days and 15 Hours

Scientific quality	<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 Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

The manuscript entitled “Macrometastasis at selective lymph node biopsy (SLNB): A practical going-for-the-one clinical scoring system to personalize decision making” aiming to identify a subgroup of women with high axillary tumor burden in SLNB in whom complete axillary lymph node dissection can be safely omitted in order to reduce the risk of long-term complications. The manuscript is interesting and specific comments can be found below:

1. The retrospective nature of the study is a limitation of the study and should be stated in the discussion section.
2. The study was approved by the Institution Research Board. However, did the patients signed a consent allowing the use of the information for research? Is there a protocol for this approval?
3. The Statistical analysis paragraph is too confusing and should be clearly described. For example, the phrase “Patients’ information was obtained from the patients’ records, an ad hoc database was created and data from the records were entered into it.” This phrase is not a statistical analysis.
4. The results were confusedly presented and should be re-evaluated. Some results were not appropriate for a result section. For example, the phrase “According to other groups’ experience, the incidence of involvement in the cALND beyond the SLN was from 40 to 58% when presence of MAC, while for mic it fell to 20% (23) and for ITC (isolated tumor cells) was roughly 12%.” In this reviewer opinion, the other group experience is not a result, since author did not state that will perform a in silico analysis using a different data.. This type of information should used in discussion section.
5. Results poorly presented in the univariate analysis. The information provided in this topic; it is not result. This information should be in methods. In this subtopic of the result section, authors are describing information analyzed in the univariate analysis and this allows the methods section.
6. There are some typos that need to be adjusted. i.e. discussion section “respectively..”.
- 7.



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The conclusion section is overstated. i.e. “The great advantage of applying the PCRI preoperatively allows the Tumor Board and the patient to participate in the decision-making, contributing to the personalization of breast cancer treatment. Further studies are necessary to validate feasibility and accuracy of this PCRI”. Consider re-organizing the section.