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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 64356

Title: A biomarker study in Peruvian males with breast cancer

Reviewer's code: 03976790 Position: Editorial Board Academic degree: DSc, PhD

Professional title: Emeritus Professor

Reviewer's Country/Territory: France

Author's Country/Territory: Peru

Manuscript submission date: 2021-03-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-03-14 09:53

Reviewer performed review: 2021-03-19 08:07

Review time: 4 Days and 22 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No



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SPECIFIC COMMENTS TO AUTHORS

Comments on th emanuscript: "Biomarkers in Peruvian males with breast cancer" Male breast cancer represents less than 1% of mammary carcinomas. This work aims to evaluate the molecular biomarkers and the impact on survival of breast cancers in Peruvian males. This study is interesting and particularly useful, breast cancer in males being a rare affection and ultimately little studied. the text is well written but the manuscript needs improvement before considering publication. Title: the title seems very general to me. In my opinion, it would be useful to clarify that this is a study relating to a particular sampling (like: "a study of biomarkers in Peruvian males with breast cancer"). Abstract: at line 64, define ER (estrogen receptor) like in the introduction. Page 4, line 112: Explain what "TIL" means (tumor infiltrating lymphocytes, I guess) and also explain what H&E (hemalun-eosin) means to readers who are not familiar with oncology or histology. Page 5, line 117: "Tissue sections of 4 mm thickness were cut from 35 available tissue paraffin blocks". It would be useful to specify which fixative was used for the tissues studied. Page 5, lines 118 to 125: As the manuscript is largely based on the detection of specific biomarkers with an immunohistochemical method, this part needs to be more detailed. Explaining that the immunohistochemical study was performed according to the manufacturer's instructions is not sufficient, so it seems necessary to detail the technique used. What was the method used for the detection of each antibody: a direct method? Indirect with a first antibody and a second with peroxidase or another enzyme? In this case, specify the substrate and the chromogen used. Were the negative controls by omission of the antibody? Line 352: figure 1: the micrographs are of very good quality. Add a scale bar on the pictures. Give the picture of a control in an insert.



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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 64356

Title: A biomarker study in Peruvian males with breast cancer

Reviewer's code: 05927954 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Samarinda

Author's Country/Territory: Peru

Manuscript submission date: 2021-03-13

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2021-03-21 11:38

Reviewer performed review: 2021-04-04 04:40

Review time: 13 Days and 17 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No
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SPECIFIC COMMENTS TO AUTHORS

The research is an interesting and important study because there is still no adequate understanding of male BC and its management. Title: the title did not reflect the result of this study. it's very general and could be written sharper based on the endpoint of the study (the prognosis). Abstract: Many of the abbreviations appear for the first time in the abstract, thus what it is stand-for needs to be written in the abstract. The statistical method written in the abstract not consistent with Method section line 155 and Result line 181 (intraclass or interclass?) Methods: The authors should explain how to get OS data and categorize it (less than 5 yrs, 5 ysr, and more than 5 yrs?), in the Methods section and not in the Discussion section. The author should explain what is included in "routine histopathological data" (line 113) and biomarkers, either in the Methods section or Introduction section. In the Immunohistochemistry Sub-section (line 120-123), the authors should be consistently write the protein marker first, followed by the primary antibody and its manufacturer inside the brackets. For statistical analysis, what interclass correlation test that you used (Pearson?)? And how did you conduct the interclass correlation test on categorical (discrete) variables with different numbers of frequency, for example between ER (n=49) and AR (n=35)? What is (JS) in line 133? Result: The reader will be easier to understand if the patient's characteristics are shown in the form of Table. For lines 183-184, which stated that "No association between the median of ER-positive tumor cell count proportion and MMR-loss was found", the association is not between the median of both variables but the variables themselves. The wording of the subsection should be clearer, e.g. "Patients" (Patient's characteristics)," Biomarkers and clinical-pathological features" (Biomarkers, clinical-pathological features, and the correlations), "Prognostic clinical-pathological factors" (The association of prognostics and clinical-pathological factors), Line 202 needs further explanation about what the authors mean by AR-positive because



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based on Table-1 there are 5,9% of AR 1-9% expression, other than 85,3% of AR >9% expression. The term of large and small series are unfamiliar, it is better to use the term of large or small sample size study. Line 228-230 should be elaborated more, to bridge the association of MMR-loss with anti-PDL1 and endocrine therapy. Is it increase the resistance? Line 238-239 are better written: Additionally, a recent study on drugs targeting the PIK3CA pathway has demonstrated promising effect in breast cancer.... Line 256 - 258 are better written: Our study serves as the largest male BC study to complement male BC knowledge in the South American population, which has been understudied. Illustration and tables The authors should add sample illustration of TIL Table: The title of the table should mention about association or correlation. The header that states "n-54" is not accurate because it is only applied for age. The authors should add table captions that explain briefly about statistical test for p. Quality of manuscript organization and presentation. The authors should reconsider the form or the choice of the verb, noun, or preposition in some sentences such as line 1" varies" (vary), line 65 "slides" (slide), line 96 "few" (a few), line 97 "subtype" (subtypes), line 104 "over" (on or overall?), line 131 and 138 "were" (was), line 162 "placed" (located), line 166 "sere" (was), line 196 "survival" (overall survival?), line 210 "similar to in the female BC" (similar to the female BC), line 231 "is" (are), line 242 "methodology" (method), line 248 "Finally, our finding" (+shows), line 251 "a weakness" (the weaknesses). The authors should consistently use a hyphen for ER- or AR-positive and tumor-infiltrating lymphocyte, such as in lines 52, 64, and 77. The authors should add "degree symbol" before C (celsius) in lines 145-146. The author should use consistent terms for variables, such as prognostics or OS?, clinical-pathological features or clinical-pathological factors?