

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Signed Informed Consent is not in english.

Answer: Two patients are not English native speakers and do not understand English. They can't sign and understand informed consent in English.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Authors present two interesting cases of DCIS with fibroadenoma, the cases are well described and addressed. Some points need to be addressed on discussion: - Why patient 1 was treated with adjuvant radiotherapy? What were the clinical and or pathological factors that lead to that treatment? What cases radiotherapy should be indicated to DCIS? - Both patients are extremally young, the authors should discuss possibilities of germline testing in both, and the possible findings (i.e BRCA...) , and if genetic counseling was addressed to both patients. - Do the authors consider treatment with adjuvant tamoxifen in this cases? What cases it should be indicated?

Answer: In current National Comprehensive Cancer Network guidelines, patients suffering from DCIS treated with lumpectomy would be recommended to receive radiotherapy first, with the exception of those with lower recurrence risk factors. Whole breast radiation therapy with or without boost to tumor bed is the preferred method of radiotherapy (category I). As recommended by National Comprehensive Cancer Network guidelines, DCIS patients are recommended routine genetics consultation. In addition to tumor type, age of cancer onset was also found to be a statistically significant indicator for germline referral. The two cases involved in this report were both young patients, making genetic testing more valuable (i.e. it may find BRCA1/2 mutations, etc.) Both of the patients

showed estrogen receptor positivity. They were administered endocrine therapy with tamoxifen accordingly. As recommended by the recent National Comprehensive Cancer Network guidelines, endocrine therapy is considered the risk-reduction treatment of the ipsilateral breast after surgery in patients with DCIS undergoing breast-conserving surgery, especially in patients with estrogen receptor-positive DCIS. Patients are treated with tamoxifen during the premenopausal period and with tamoxifen or an aromatase inhibitor during the postmenopausal period.