



## PEER-REVIEW REPORT

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

**Manuscript NO:** 71501

**Title:** A nomogram for predicting overall survival in Chinese triple-negative breast cancer patients after surgery

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 02683559

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Full Professor

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

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

**Manuscript submission date:** 2021-09-12

**Reviewer chosen by:** Qi-Gu Yao

**Reviewer accepted review:** 2021-12-14 07:01

**Reviewer performed review:** 2021-12-14 07:11

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<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
<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



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<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**

Good article and well presented figures and good discussion



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**Title:** A nomogram for predicting overall survival in Chinese triple-negative breast cancer patients after surgery

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03270609

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Professor

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

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

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**Reviewer chosen by:** Qi-Gu Yao

**Reviewer accepted review:** 2022-01-02 08:59

**Reviewer performed review:** 2022-01-06 11:18

**Review time:** 4 Days and 2 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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<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

Manuscript 71501: A nomogram for predicting overall survival in Chinese triple-negative breast cancer patients after surgery It is known that triple-negative breast cancer (TNBC) is a very heterogeneous group of malignant tumors. Some TNBCs are characterized by a very aggressive course and poor prognosis (basal cell carcinomas), requiring aggressive drug therapy regimens. At the same time, other tumors of this group, on the contrary, have a good prognosis, even when performing organ-preserving operations without the use of adjuvant chemotherapy (for example, cystadenocarcinoma). In this regard, the search for new prognostic markers is extremely important and the presented manuscript is undoubtedly relevant. The authors propose a new prognostic model that makes it possible to more accurately predict the prognosis of the disease in patients with TNBC, which is of fundamental importance for the choice of adjuvant CT regimens. At the same time, there are a number of comments that require clarification. Misprint in Abstract, in text, and in table S1: "Literality". The term "Laterality" is also unfortunate. Better to use, for example, "tumor localization" or cancer side. Introduction: Perhaps there is a misprint in the sentence: "Ovcaricek et al. [14] showed that age and notal (nodal?) status were prognostic factors in such patients, ... " Materials and methods: The data in the section do not coincide with the data shown in Figure 1. In particular, the data on the exclusion of patients who were followed up for less than 1 month. What was the reason for the termination of observation? Why exactly 1 month? Were there any patients who did not die of breast cancer or had cancers from other sites? Comparative data on the ratio of patients in these groups are not provided. In particular, did the stages of the disease and grade differ in patients of different age



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groups, different marital status, and tumor localization? Data on the nature of the surgical intervention (mastectomy, lumpectomy) are not provided There are no data on the presence of neoadjuvant therapy in patient groups. In my opinion, this is important, since these factors can affect the survival rate of TNBC patients. Results. It is not clear why the median follow-up time was 39 months if the study included patients who received treatment in 2010-2015. The extremely low 3- and 5-year survival rate of TNBC patients is embarrassing. It does not correspond in any way to Figure 5A. Judging by it, it was about 80% and 75%, respectively. As follows from the same figure, some of the patients were followed up for much shorter periods of time (this is incomprehensible if you included patients who received treatment from 2010 to 2015). Are you sure that in this case you presented exactly the 3 and 5-year survival rates of patients, and not the % of patients who were followed up for 5 years? In the univariable Cox regression analyzes, age was no associated with OS ( $p = 0.056$ ). It is not entirely clear why Table S1 gives the significance level ( $p$ ) for each T and H classifier. In table S1, authors give a subheading, but do not indicate n (%) Thus, despite the urgency of the problem of predicting the survival of TNRM patients, the existing inaccuracies and, apparently, not entirely correct analysis of survival, the presented manuscript requires a thorough revision, clarification of dubious details or their correction.