

1 MANUSCRIPT REVISION DEADLINE

We request that you submit your revision in no more than 14 days. Please note that you have only two chances for revising the manuscript.

2 PLEASE SELECT TO REVISE THIS MANUSCRIPT OR NOT

Please login to the F6Publishing system at <https://www.f6publishing.com> by entering your registered E-mail and password. After clicking on the "Author Login" button, please click on "Manuscripts Needing Revision" under the "Revisions" heading to find your manuscript that needs revision. Clicking on the "Handle" button allows you to choose to revise this manuscript or not. If you choose not to revise your manuscript, please click on the "Decline" button, and the manuscript will be WITHDRAWN.

3 SCIENTIFIC QUALITY

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors: The study is aimed to describe the authors' experience of anesthesia and pain management in 10 patients with multiple comorbidities. The title is "Combined thoracic paravertebral block and interscalene brachial plexus block for modified radical mastectomy: A case series". 1. This is a case-series.

Reply: *Change the title to "~~: A case-series"*

2. Several factors influence the outcome of this management. Please discuss these.

Reply: *Edited in P14 Line 3-Line 8 as "Our observation was performed in a single site and restricted to 10 Chinese patients. Both efficacy and safety outcomes were highly related with anesthetist's manipulation capability of ultrasound-guided regional anesthesia. Further multi-center randomized control trial with enough sample size is needed to finally determine the feasibility, efficiency and safety of the novel combinations. "*

3. Please review the literature and add more details in the discussion.

Reply: *Added in discussion part between Page 11 Line 18-P14 Line*

2.

4. 4. Please add the limitations and the disadvantages of this management.

Reply: Edited in P14 Line 3-Line 15 as “Our observation was performed in a single site and restricted to 10 Chinese patients. Both efficacy and safety outcomes were highly related with anesthetist’s manipulation capability of ultrasound-guided regional anesthesia. Further multi-center randomized control trial with enough sample size is needed to finally determine the feasibility, efficiency and safety of the novel combinations. For further improvement, subcutaneous infiltration of the supraclavicular nerve might be supplemented for the dermatomal area around the clavicle, pectoralis major, and deltoid. Further decrease of either concentration or volume of ropivacaine is worth of investigation with regard to the equivalent and safe alternative approach. Diaphragmatic activity monitoring by ultrasound, or pulmonary function test should be performed during perioperative period to provide authentic proof in terms of pulmonary function.”

5. What is the new knowledge of the article?

Reply: (1) Edited in P13 Line 3-P 14 Line 2 as “ The reliable impeccable anesthesia effect and simple and convenient operation associated with ultrasound-guided two-spot TPVB combined with

small-volume IBPB has been highlighted and initially proved by the present ten cases. Regarding the thoracic dermatotome and breast MRM, ultrasound-guided TPVB provide thorough anesthetic effect similar to thoracic epidural anesthesia, with better visualization and higher successful rate. Two-sites TPVB guarantee more extensive anesthesia scope than single-site, especially for intercostobrachial nerve, avoiding neither tedious process nor puncture-related pain required by 3-5 sites injection. Because axillary dermatotome, pectoral major and minor muscles are dominated by nerve roots of bronchial plexus, IBPB is more straightforward, impeccable and efficient than terminal branch block and superficial plane block, such as serratus anterior plane block, Pecs II nerve block, medial bronchial cutaneous nerve block, which facilitate puncture operation and local anesthetics dosing. The fearful anxiety of phrenic nerve paralysis associated with IBPB, is also evitable when using 5 mL rather than routine volume of 20 mL, with equivalent effect. With the better visualization and higher successful rate provided by ultrasound-guided intervention technique, the method might be also feasible in the morbid obesity population. ” (2)and as previous described in P4 Line 16- P5 Line 2“Core Tip: Thoracic paravertebral block (TPVB) has been proved to be adequate for simple mastectomy. However, TPVB combined with interscalene brachial plexus block (IBPB) has not yet

been proved to be an effective anesthesia method for modified radical mastectomy (MRM). This case series demonstrated that combined two-site TPVB and small-volume IBPB with sedation can be used as an alternative anesthetic modality for MRM, which avoids the potential risks of general anesthesia and phrenic nerve paralysis especially in frail patients with multiple comorbidities, and provides extended postoperative analgesia. ”

6. Please recommend to the readers “How to apply this knowledge in clinical practice?”.

Reply: As described in P14 Line 18 of CONCLUSION part, “

Two-spot TPVB combined with small-volume IBPB is considered a reliable and safe alternative anesthetic technique for MRM, which avoids the potential risks of general anesthesia especially in frail patients with multiple comorbidities, and provides extended postoperative analgesia. “

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Thank you for this interesting manuscript. The description of the regional anesthesia techniques was

adequate and in-depth. There are a few points that I would have liked addressed in more depth: 1. What is the advantage of using IBPB and TPVB over other loco-regional techniques (epidural anesthesia +/- TPVB)?

Reply: ① As previously described in P10 line 19 “With the assistance of real-time ultrasound, many high-risk regional blocks, such as TPVB, have become more popular and are safer.”. and ② also added in revised manuscript in P13 Line 6 “Regarding the thoracic dermatome and breast MRM, ultrasound-guided TPVB provide thorough anesthetic effect similar to thoracic epidural anesthesia, with better visualization and higher successful rate. Two-sites TPVB guarantee more extensive anesthesia scope than single-site, especially for intercostobrachial nerve, avoiding neither tedious process nor puncture-related pain required by 3-5 sites injection. Because axillary dermatome, pectoral major and minor muscles are dominated by nerve roots of brachial plexus, IBPB is more straightforward, impeccable and efficient than terminal branch block and superficial plane block, such as serratus anterior plane block, Pecs II nerve block, medial brachial cutaneous nerve block, which facilitate puncture operation and local anesthetics dosing. The fearful anxiety of phrenic nerve paralysis associated with IBPB, is also evitable when

using 5 mL rather than routine volume of 20 mL, with equivalent effect. ”

2. All patients included in this case series have normal or minimally increased BMI. Could you discuss the potential implications of this technique in obese patients?

Reply: Added in revised manuscript in P13 Line 19 “ With the better visualization and higher successful rate provided by ultrasound-guided intervention technique, the method might be also feasible in the morbid obesity population. ”

3. How did you quantify the presence/absence of anesthesia-associated complications?

Reply: Modified in revised manuscript in P9 Line 8 “No complications due to local anesthesia, such as allergic reaction, paresthesia, vascular injury and toxicity were observed. All patients were transferred to a regular nursing ward shortly after surgery.”

4. How was the postoperative pain measured?

Reply: Modified in revised manuscript in P9 Line 11

“Postoperative pain was well controlled. Eight patients reported a maximum pain score of 2 out of 10 points and did not require

additional analgesics during a 12-hour-interval follow-up in the first three postoperative days. Two patients needed one dose of celecoxib 8 h after surgery. None of the patients required morphine. All patients were satisfied with their anesthesia and pain management. ”

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the

professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition.

Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

(1) **Title:** Abbreviations are not permitted. Please spell out any abbreviation in the title.

(2) **Running title:** Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

Reply: TPVB and IBPB for MRM

(3) **Abstract:** Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (H. pylori).

(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.

(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (H. pylori)

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (H. pylori)

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC).

Example 2: *Helicobacter pylori* (H. pylori)

(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

1. Please explain the limitations and shortcomings of this management in the discussion. 2. Please point out what is innovative about this case report. 3. What is the significance of the knowledge and methods in the case report for clinic?

Reply: *The “strength and limitations ” has been added as a special paragraph between Page 14 line 3 to Page 14 line 15*

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic

publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

Reply: *The figure has been arranged by powerpoint and table has been set to three-line.No grant and funding for the manuscript.*

7 STEPS FOR SUBMITTING THE REVISED MANUSCRIPT

Step 1: Author Information

Please click and download the [Format for authorship, institution, and corresponding author guidelines](#), and further check if the authors names and institutions meet the requirements of the journal.

Step 2: Manuscript Information

Please check if the manuscript information is correct.

Step 3: Abstract, Main Text, and Acknowledgements

(1) Guidelines for revising the content: Please download the guidelines for Original articles, Review articles, or Case Report articles for your specific manuscript type (Case Report)

at: <https://www.wjgnet.com/bpg/GerInfo/291>. Please further revise the content your manuscript according to the Guidelines and Requirements for Manuscript Revision.

(2) Format for Manuscript Revision: Please update the format of your manuscript according to the Guidelines and Requirements for Manuscript Revision and the Format for Manuscript Revision. Please visit <https://www.wjgnet.com/bpg/GerInfo/291> for the article type-specific guidelines and formatting examples.

(3) Requirements for Article Highlights: If your manuscript is an Original Study (Basic Study or Clinical Study), Meta-Analysis, or

Systemic Review, the “Article Highlights” section is required. Detailed writing requirements for the “Article Highlights” can be found in the *Guidelines and Requirements for Manuscript Revision*.

(4) *Common issues in revised manuscript*. Please click and download the [List of common issues in revised manuscripts by authors and comments](#) (PDF), and revise the manuscript accordingly.

Step 4: References

Please revise the references according to the [Format for References Guidelines](#), and be sure to edit the reference using the reference auto-analyser.

Reminder: It is unacceptable to have more than 3 references from the same journal. To resolve this issue and move forward in the peer-review/publication process, please revise your reference list accordingly.

Step 5: Footnotes and Figure Legends

(1) **Requirements for Figures:** Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file, and submit as “72800-Figures.pptx” on the

system. The figures should be uploaded to the file destination of “Image File”.

Reply: Modified and uploaded adhere to the request.

(2) **Requirements for Tables:** Please provide decomposable Tables (in which all components are movable and editable), organize them into a single Word file, and submit as “72800-Tables.docx” on the system. The tables should be uploaded to the file destination of “Table File”.

Reply: Modified and uploaded adhere to the request.

(3)

Reminder: Please click and download the [Guidelines for preparation of bitmaps, vector graphics, and tables in revised manuscripts](#) (PDF), and prepare the figures and tables of your manuscript accordingly.

Step 6: Automatically Generate Full-Text Files

Authors cannot replace and upload the “Manuscript File” separately. Since we only accept a manuscript file that is automatically generated, please download the “Full Text File” or click “Preview” to ensure all the contents of the manuscript automatically generated by the system are correct and meet the requirements of the journal. If you find that there is content that needs to be modified in the Full-Text File, please

return to the corresponding step(s), modify and update the content, and save. At this point, you then have to click the "Save & Continue" button in Step 5 and the F6Publishing system will automatically regenerate the Full-Text File, and it will be automatically stored.

Step 7: Upload the Revision Files

For all required accompanying documents (listed below), you can begin the uploading process via the F6Publishing system. Then, please download all the uploaded documents to ensure all of them are correct.

- (1) 72800-Answering Reviewers
- (2) 72800-Audio Core Tip
- (3) 72800-Conflict-of-Interest Disclosure Form
- (4) 72800-Copyright License Agreement
- (5) 72800-Approved Grant Application Form(s) or Funding Agency Copy of any Approval Document(s)
- (6) 72800-Signed Consent for Treatment Form(s) or Document(s)
- (7) 72800-Non-Native Speakers of English Editing Certificate
- (8) 72800-Video
- (9) 72800-Image File
- (10) 72800-Table File

(11) 72800-CARE Checklist-2016

(12) 72800-Supplementary Material

If your manuscript has supportive foundations, the approved grant application form(s) or funding agency copy of any approval document(s) must be provided. Otherwise, we will delete the supportive foundations.

If your manuscript has no “Video” or “Supplementary Material”, you do not need to submit those two types of documents.

Reply: Modified and uploaded adhere to the request.

8 COPYRIGHT LICENSE AGREEMENT

All authors should accept and sign the Copyright License Agreement (CLA), following the link sent in individual emails to each author. After all authors have accepted and signed their respective CLA, the Corresponding Author is responsible for downloading the signed CLA by clicking on the “Download” button in the CLA page, re-storing it as “PDF”, and then uploading it to the file destination of “Copyright License Agreement”. If any of the authors do not accept to sign the CLA, the manuscript will not be accepted for publication.

9 CONFLICT-OF-INTEREST DISCLOSURE FORM

Please click and download the fillable [ICMJE Form for Disclosure of Potential Conflicts of Interest](#) (PDF), and fill it in. The Corresponding Author is responsible for filling out this form. Once filled out completely, the Conflict-of-Interest Disclosure Form should be uploaded to the file destination of 'Conflict-of-Interest Disclosure Form'.

Best regards,

Jin-Lei Wang, Company Editor-in-Chief, Editorial Office

Baishideng Publishing Group Inc

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-399-1568

E-mail: j.l.wang@wjgnet.com

Help desk: <https://www.f6publishing.com/helpdesk>

Online Submission: <https://www.f6publishing.com/>

<https://www.wjgnet.com>

About the Baishideng

The Baishideng has 29 years of experience in editing and publishing medical journals. We currently publish 47 clinical medical journals

covering a wide range of topics, 7 of which are indexed in the Science Citation Index Expanded (SCIE), and 23 in PubMed Central (PMC) and PubMed. The 2020 impact factors among these are: 5.742 for the World Journal of Gastroenterology; 5.326 for the World Journal of Stem Cells; 4.571 for the World Journal of Psychiatry; 3.763 for the World Journal of Diabetes; 3.393 for the World Journal of Gastrointestinal Oncology; 2.582 for the World Journal of Gastrointestinal Surgery; and 1.337 for the World Journal of Clinical Cases.

The Baishideng is an internationally recognized professional publishing company, and it is a member of CrossRef, Committee on Publication Ethics, Open Access Scholarly Publishers Association, and Association of Learned and Professional Society Publishers.