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Imaging of Fibroadenoma: Be Careful With İmaging Follow-up

Dear Editor,

Thank you for giving us the opportunity to submit a revised draft of the manuscript. We appreciate the time and effort that you and the reviewers dedicated to providing feedback on our manuscript and are grateful for the insightful comments on and valuable improvements to our paper. We have incorporated most of the suggestions made by the reviewers. Those changes are highlighted with track changes function through the manuscript. Please see below for a point-by-point response to the reviewers' comments and concerns.

Reviewer #1 COMMENTS:

The present letter to the editor is related to the study titled "Preoperational diagnosis and management of breast ductal carcinoma in situ arising within fibroadenoma : Two case reports". The authors wish to emphasize the importance of ultrasound follow-up in the progression of fibroadenoma to malignancy. Breast fibroadenoma is a very common benign tumor in clinical practice, and ultrasound follow-up is generally used in clinical practice. **The author should pay more attention to the differential diagnosis of benign and malignant lesions based on ultrasound follow-up, combined with other imaging examinations, such as contrast-enhanced ultrasound, DBT, MR multi-quantitative parameter functional imaging, etc. To improve the sensitivity of malignant transformation of breast fibroadenoma.**

Response: Thank you for your suggestion. In line with your suggestions, we have added a paragraph aiming to provide more information about other advanced imaging methods. The paragraph we added is available below.

"In the literature, the use of contrast-enhanced ultrasonography to differentiate fibroadenomas from ductal carcinoma in situ has been shown to be helpful. In contrast-enhanced ultrasonography examinations utilizing microbubble agents, DCIS is more likely than fibroadenoma to exhibit an earlier wash-in time, hyperintense enhancement, blood perfusion defects, an enlarged enhancement scope

and penetrating vessels[19]. In addition, there are studies reporting that the use of digital breast tomosynthesis(DBT) in patients with dense breast tissue will increase sensitivity and specificity in the diagnosis of malignancy, as well as in the diagnosis and follow-up of benign lesions such as fibroadenoma. Tomosynthesis is able to detect more invasive tumors than 2D mammography alone, and DBT will also find more benign lesions. Lesion shape and margins are generally well depicted by DBT[20]. In addition, noninvasive functional MRI examination can potentially be utilized to assess breast lesions. Using DWI and MR spectroscopy, the lesion is evaluated. In comparison to benign lesions, malignant lesions exhibit lower ADC values and restricted diffusion. The proton MR spectroscopy can identify the biochemical characteristics of tissue. Total choline (Cho) resonance at 3.14–3.34 ppm has been associated to oncogenesis and tumor progression, as well as found in malignant breast tumors due to complicated metabolism[21]."

Reviewer #2

1. The present letter to the editor is related to the study titled "Preoperational diagnosis and management of breast ductal carcinoma in situ arising within fibroadenoma : Two case reports". Based on this study showing that malignancy can develop on fibroadenomas, the authors wanted to emphasize that careful sonographic follow-up of fibroadenomas should be done and that each lesion should be followed carefully and separately in cases with multiple fibroadenomas. Additionaly, the authors wanted to emphasize the critical role of sonographic examination in diagnosing fibroadenoma, the importance of correctly defining benign and malignant sonographic findings, and which lesions should be followed up sonographically and which lesions should be evaluated histopathologically.This letter is well structured.The topic is the reader's potential interest, and the whole article is continuous, logical and clear.

Response: Thank you for your acceptance.

EDITORIAL OFFICE'S COMMENTS
(1) Science editor:

Letter is well organized, and within the reader's potential interest, and adds some discussion to the case mentioned. Language Quality: Grade B (Minor language polishing) Scientific Quality: Grade B (Very good)

Response: Thank you for your acceptance.

(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. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: https://www.referencecitationanalysis.com/

Response: Thank you for your suggestion. We looked at the RCA database to search for new articles while making the revision and it was useful.