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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 77936

Title: Subclavian brachial plexus metastasis from breast cancer: A case report and review

of literature

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05130917 Position: Peer Reviewer

Academic degree: MSc, PhD

Professional title: Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2022-06-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-07-11 10:05

 $\textbf{Reviewer performed review: } 2022\text{-}07\text{-}11\ 10\text{:}24$

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The case report highlights a rare type of brachial plexus metastasis from a previously treated breast cancer. The case description is brief and neat. The figures are adequate and clear. The authors must add a few more citations related to variations of brachial plexus trunks which could mislead the radiologic assessment of the metastasis. for example: Nayak S.;Somayaji, Nagabhooshana; Vollala, Venkata Ramana; Raghunathan, Deepthinath; Rodrigues, Vincent; Samuel, Vijay Paul; Alathady Malloor, Prasad, A rare variation in the formation of the upper trunk of the brachial plexus - A case report. Neuroanatomy Volume 4, Pages 37 - 38. Shetty, S.D., Satheesha Nayak, B., Madahv, V., Braganza, C.S., Somayaji, S.N. A study on the variations in the formation of the trunks of brachial plexus | [Estudio sobre las variaciones en la formación de los troncos del plexo braquial] International Journal of Morphology 29(2), pp. 555-558



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Reviewer's code: 05487696 Position: Peer Reviewer Academic degree: MD, MSc

Professional title: Consultant Physician-Scientist, Doctor, Lecturer

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2022-06-11

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-07-25 05:31

Reviewer performed review: 2022-07-25 09:48

Review time: 4 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) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No



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statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

In introduction: try to give an outline of your rare case instead of the details of the case which is already mentioned in abstract and clinical presentation section. In case presentation: -You should provide more details of the primary lesion (breast cancer type, grade, stage, hormonal recptors,...etc) -Provide the histopathology picture and the used immunohistochemistry to reach the final diagnosis and histopathology figure is important to be added. In discussion: - "Ultrasound with high frequency probe (> 10MHz) is vital in detecting subcutaneous lesions. It can reveal the lesion's size, shape, depth of tissue and the blood supply and give out a tendency diagnosis "Cite the related reference; I recommend this one 9 Klimonda Z, Karwat P, Dobruch-Sobczak K, Piotrzkowska-Wróblewska H, Litniewski J. Breast-lesions characterization using Quantitative Ultrasound features of peritumoral tissue. Sci Rep. 2019 May 28;9(1):7963. doi: 10.1038/s41598-019-44376-z.) - "Metastatic lymph nodes are no exception, they have clear boundaries and regular shape. However, brachial plexus metastases do not have clear boundaries and regular shape. Second, lymph nodes have their fixed location, mostly within superficial soft tissues. While the brachial plexus nerve is located in the intermuscular space, associated brachial arteries and veins are always around them. Third, lymph nodes are often distributed in clusters and most lymph node metastasis is forward sentinel metastasis. Breast cancer mostly has axillary metastasis firstly" Try to provide sources; I recommend those (Kim J, Jeon JY, Choi YJ, Choi JK, Kim SB, Jung KH, Ahn JH, Kim JE, Seo S. Characteristics of metastatic brachial plexopathy in patients with breast cancer. Support Care Cancer. 2020 Apr;28(4):1913-1918. doi: 10.1007/s00520-019-04997-6. & Hasan A, Youssef A. Infiltrating duct carcinoma of the



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breast; histological difference between the primary and the axillary nodal metastasis. Revista de Senología y Patología Mamaria. 2021 Jan 1;34(1):17-22. DOI: 10.1016/j.senol.2020.09.003 - Discuss the diagnostic challenge of metastatic carcinoma (histopathology and immunohistochemistry)