

PEER-REVIEW REPORT

Name of journal: *World Journal of Radiology*

Manuscript NO: 90649

Title: Ductal carcinoma in situ within a fibroadenoma: a case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06250974

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor, Doctor, Instructor, Staff Physician, Teacher

Reviewer's Country/Territory: Thailand

Author's Country/Territory: Mexico

Manuscript submission date: 2023-12-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-12-11 13:24

Reviewer performed review: 2023-12-17 15:17

Review time: 6 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This manuscript is reporting an interesting case of ductal carcinoma in situ within a fibroadenoma in a 46-year-old woman without cancer-related personal and family histories. This manuscript is well-organized and deserves publication.

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Peer-review model: Single blind

Reviewer's code: 05388269

Position: Peer Reviewer

Academic degree: MD, RN

Professional title: Assistant Professor, Attending Doctor, Doctor, Nurse, Research Assistant, Staff Physician, Statistician, Surgeon

Reviewer's Country/Territory: Philippines

Author's Country/Territory: Mexico

Manuscript submission date: 2023-12-10

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-12-18 15:03

Reviewer performed review: 2023-12-19 04:58

Review time: 13 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<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
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Comments to authors: What was the biopsy result after the ultrasound guided core biopsy? (before guidewire localization) It would be good to add in the discussion, what are the challenges in the case and your recommendation? Nonpalpable breast mass – how do you plan to resect them. When should clinically (on imaging) fibroadenomas be biopsied or resected? Guidelines? – size, characteristics, clinical suspicion? In case of a CNB of a fibroadenoma, but imaging has calcifications- should outright resection be performed? Or are there preoperative test(s) that should be performed? A core biopsy should be performed on a fibroadenoma that presents more than 20% growth in 6 months, especially in patients over 40 years of age, to exclude the possibility of malignancy. – “on a fibroadenoma” mean you already have a tissue diagnosis beforehand or clinical suspicion still of a fibroadenoma? Or you mean “should be performed” on breast lesions with specific clinical characteristics? For the differential diagnosis, is this for breast nodules with calcifications? Or breast nodules considered as pure fibroadenoma? The DDx you mentioned did not mention similar findings in your case where a presence of a breast nodule with calcifications. Figure 3 you mentioned



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microcalcifications but in the DISCUSSION, you mentioned “In our case, the macrocalcifications were the key for the diagnosis of DCIS within fibroadenoma” DCIS in general – what is the guideline? Breast option for total or conservative mastectomy? Axillary – When Staging may be applied? Key message in my own opinion, nonpalpable breast nodules (suspected of fibroadenoma (since you did not mention CNB result) with microcalcifications (such as in your case) -a DCIS can be considered. Since the lesion is nonpalpable, wire localization + excision is warranted. In your conclusion - The radiologist should consider this differential diagnosis when a nodule with atypical imaging findings or an increase in size of 20% or more occurs during follow-up studies. A core biopsy should be performed to confirm or exclude the diagnosis. – but no mention of the calcifications.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Professional title: Assistant Professor, Attending Doctor, Doctor, Nurse, Research Assistant, Staff Physician, Statistician, Surgeon

Reviewer's Country/Territory: Philippines

Author's Country/Territory: Mexico

Manuscript submission date: 2023-12-10

Reviewer chosen by: Meng-Liu Luo

Reviewer accepted review: 2024-02-03 14:44

Reviewer performed review: 2024-02-03 14:51

Review time: 1 Hour

Scientific quality	<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
Language quality	<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
Conclusion	<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
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

SPECIFIC COMMENTS TO AUTHORS

No more comments for this revised manuscript.