

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Biological Chemistry

ESPS manuscript NO: 18703

Title: Current medical treatment of estrogen receptor-positive breast cancer

Reviewer's code: 00503222

Reviewer's country: Israel

Science editor: Fang-Fang Ji

Date sent for review: 2015-04-28 08:25

Date reviewed: 2015-05-14 11:53

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Title: Current medical treatment of estrogen receptor-positive breast cancer (manuscript number 20150427000237) Type of article: Review Reviewers Comments: This short review attempts to concisely discuss the place of tamoxifen and AIs in the treatment of breast cancer. It is relevant to today's patients and therefore worthy of publication. However, some changes are required before accepting this manuscript for publication: 1. There is almost no attention paid to the role of AIs in the treatment of metastatic E+ breast cancer. Anti-estrogen therapy plays a major role in the prolonged remissions seen in such patients and requires in depth discussion in any review of this topic. 2. Adverse effects of the use of these drugs have been completely ignored and some mention must be made of them in any review of the subject, contrasting the effects of tamoxifen with AIs. AI and tamoxifen use is associated with adverse events and distressing symptoms such as hot flashes, weight gain, sexual dysfunction, osteoporosis, fractures, and musculoskeletal symptoms, depending on the drug used. These effects may be severe enough to cause non-compliance due to cessation of use in a significant proportion of patients. 3. There are several problems with the references given in the beginning of the manuscript: a. "Breast cancer (BC) is the most common female cancer

worldwide, and the first cause of cancer death in women between 20 and 59 years" -The web page cited states "Breast cancer is the second leading cause of cancer death in women, exceeded only by lung cancer." - Please quote the correct web page or refrain from using these numbers. b. "approximately 70% of BCs are estrogen receptor (ER)-positive, of which 65% are also progesterone receptor (PR)-positive" - This information is not on the website quoted. Even if it was it would not be an acceptable reference. If these figures come from government statistics published only on the internet then the appropriate government web page must be cited, otherwise the paper publication should be cited, e.g. U.S. Renal Data System, USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2013. <http://www.usrds.org/atlas.aspx> accessed March 21, 2014. c. "A historic large randomized trial testing the usefulness of ovarian ablation in patients with ER+ early BC, named EBCTCG (Early Breast Cancer Trialists' Collaborative Group) study, demonstrated that OFS significantly increases survival in women aged below 50 years and that these benefits are independent of axillary nodal status, compared to untreated patients" - This was not a randomized trial but an OVERVIEW of randomized trials. Please be accurate in quoting references. d. "the combination of OFS and AIs (exemestane) significantly reduces recurrences compared to the other regimen" - reference 13 referring to the breastcancer.org website is unacceptable. It suggests that the authors have not actually seen the papers they quote. The site refers to 2 studies that were presented at the 2014 ASCO meeting and published online on the same day by the New England Journal of Medicine. Please use the appropriate reference. e. "Tamoxifen (TAM) is the drug most extensively used when an ET is required, both in pre- and postmenopausal women, and is still considered the SERM of choice according to several studies" - this statement requires references, or leave out the words "according to several studies" since this is already widely accepted. 4. "It can also be useful in the neoadjuvant treatment of advanced BC, alone or in combination with either cytotoxic agents or AIs" - the use of anti-estrogens in the neoadjuvant setting is controversial and complex because of the slow response rate and possible non- response in many cases. This needs to be discussed in far more detail with

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Name of journal: World Journal of Biological Chemistry

ESPS manuscript NO: 18703

Title: Current medical treatment of estrogen receptor-positive breast cancer

Reviewer's code: 00504611

Reviewer's country: United Kingdom

Science editor: Fang-Fang Ji

Date sent for review: 2015-04-28 08:25

Date reviewed: 2015-04-28 19:08

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a useful review of current endocrine therapy for ER-positive breast cancer for students unfamiliar with the topic. I have only very minor comments and suggestions: Minor suggestions 1. Introduction Line 1: "leading cause" rather than "first cause" 2. Introduction Line 4: "with a 10.2% fall" rather than "with a -10.2% fall" 3. Page 3. First line: "extended therapy with" rather than "to extended therapy with" 4. Page 3 typos: "immunohistochemical" rather than "immuehstochemical", "perimenopausal" rather than "perimenipausal" 5. Page 4. Five lines from bottom of page: "combination of fulvestrant" rather than "combination fulvestrant" 6. Page 5. Line 8 from bottom: "gonadotropin secretion" rather than "gonadotropins secretion" 7. Page 6 Line 1. "anastrozole" rather than "anastozole" 8. Page 7 Line 6: "exemestane" rather than "exemestate" 9. Page 7 Line 9: "block" rather than "bock"

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Biological Chemistry

ESPS manuscript NO: 18703

Title: Current medical treatment of estrogen receptor-positive breast cancer

Reviewer's code: 02445456

Reviewer's country: Japan

Science editor: Fang-Fang Ji

Date sent for review: 2015-04-28 08:25

Date reviewed: 2015-04-30 13:04

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
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		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This manuscript is fair level for major doctor of breast cancer therapist. The contents is commonsens level. If this is text for medical resident and/or medical students, it is good. I hope that author should rewrite manuscript contents including new endocrine therapeutic study results. p4:docetexel → docetaxe