32579-Answering reviewers

Consider adding a column of patients' characteristics to Table 2	Accept and done
Aad a summary Table in which the authors would list the most promising selection criteria and the supporting studies	Reject. We already have 4 tables. Table 1 : difference between MTD versus MC. Table 2 : Neoadjuvant regimens with MC Table 3: Adjuvant regimens with MC Table 4: Difference between the maintenance regimens
Add columns for factors, such as doses, target, and toxicity, comparing conventional chemotherapy and metronomic chemotherapy in Table 1	Accept and done
Page 4: "(table2)" should be changed to "(Table 2)"	Accept and done
The title of Table 2: "TNBC" should be changed to "in TNBC"	Accept and done
In Table 2, "Hand-Foot Sd" and "Hand foot syndrome" are used	Accept and done
The authors have used an incorrect style in the reference list	Accept and done
Please further proof-read manuscript. Some of grammatical errors should be corrected in the text	Accept and done
Several potential mechanisms under lying the therapy were discussed, in cluding antiangiogenic therapy. Ho wever, all the drugs used are cytoto xic for tumor cells. Is there any evid ence using anti-angiogenic drugs that showed benefits for patients?	1. In our article about metronomic chemotherapy in TNBC, we refer that when we give chemotherapy drugs at a maximum tolerated dose the mechanism is cytotoxic, leaving the low proliferation cells, mostly endothelial cells without damage. But when metronomic doses are administered, these cytotoxic drugs at low doses can overcome this and be effective destroying endothelial cells, having an antiangiogenic effect. We are not writing about antiangiogenic drugs. This is explained in the paragraph bellow (already in the paper): "MTD-based conventional chemotherapy regimens aim to eliminate as many tumor cells as possible by causing direct or indirect damage to their DNA, and thus disrupting its replication in proliferating cells. Due to the low proliferation index of endothelial cells, conventional MTD chemotherapy causes very limited damage on them [6,7]. Moreover, as the antiangiogenic effect is not sustained, endothelial cells recover during the rest periods, supporting tumor regrowth and

	therefore contributing to tumor resistance. Using drugs at a low dose, decreases toxicity and allows continuous administration to overcome this effect [8]". 2. Also we explained that one pharmacodynamic cellular biomarkers for determining optimal low doses of different metronomic regimens are based in sustained declines in circulating VEGFR2 endothelial progenitor cells, so this antiangiogenic effect is even necessary to define the daily low dose. "Yuval Shaked et al, have investigated pharmacodynamic cellular biomarkers for determining OBD of different metronomic regimens based in sustained declines in circulating VEGFR-2+ endothelial progenitor cells induced by prolonged daily low dose metronomic chemotherapy [11]". 3. About antiangiogenic drugs with metronomic doses, there is no antiangiogenic drug approved for TNBC neoadjuvant or adjuvant treatment so we consider this should not be a topic to discuss in our article. 4. There are no changes in our previous uploaded review.