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#### ANSWERING REVIEWERS.

*1/ Very relevant topic. The paper is difficult to read. Organization and presentation of the material could be much better. would recommend foci on the relevant clinical points. that is for Multi focal multi centric tumors 1- local recurrence risk compared with uni focal and radiation management 2- incidence of noel disease, 3- systemic risk 4- cosmetic results. I think if it was addressed in this way it would be easier to digest for readers. could also organize data / paper review*

**Answer Reviewer 1:** we organize chapters as proposed with: Introduction, Definition of multifocal and multicentric tumors, Frequency of MC and MF tumors, Imaging, **Incidence** of lymph node involvement in MC/MF tumors, Local recurrence rate of MC/MF tumors **compared with unifocal tumors**, Local recurrence rates and survival in MC/MF tumors compared to unifocal tumors by treatment strategy (conservative or not), Impact of MC/MF tumors on survival **and systemic risk** compared to unifocal tumors, regardless of treatment (BCT or mastectomy), Surgical **procedures and cosmetic results**, Boost radiotherapy in MF/MC tumors, Conclusion.

*2/ The manuscript reviews the literature on the option of BCS for multicentric/multifocal tumors. I consider this is a good review although I think it needs to focus more on the surgical issue that the*

*authors are discussing. On the introduction the authors include many references on SLN for multicentric tumors and they explain about incidence and recurrences and I think this references should be reduced in the introduction and leave them for the use of SLN in this setting. In the last decade with the introduction of oncoplastic techniques, the surgical approach of multicentric tumors have changed. I think they should focus more on this studies and make a real discussion, one of the real indications for oncoplastic procedures is in the multicentric and multifocal tumors, achieving negative margins and a good cosmetic results, that with conventional BCS could not be achieved, so I would emphasize this point with more references and discussion, maybe also discuss different surgical approaches depending where the tumors are located. The radiotherapy part is well discussed.*

**Answer Reviewer 2:** In chapter “Surgical procedures and cosmetic results” we add 3 references [67-69] and text (in color blue) about oncoplastic surgery: “In the last decade with the introduction of oncoplastic techniques, the surgical approach of multicentric tumors have changed. Oncoplastic techniques are therefore particularly adapted and valuable in this situation, achieving negative margins and a good cosmetic results better than conventional BCS ; a schematic cartography of various possible situations and resection techniques [47] and a classification quadrant per quadrant atlas for many oncoplastic surgical procedures were proposed [67]. This strategy was applied to a consecutive series of 175 women with breast cancer who required mammoplasty, including 27 patients (15.4%) with multifocal tumors [68]. This study has confirmed that oncoplastic surgery techniques for breast cancer are associated with a low reoperation rate, a low risk of delay to adjuvant therapy and good cosmetic results. In an another study, Clough et al. reported 17.2% (10/58) of positive margins after oncoplastic surgery for multifocal breast cancer, without

significant difference with positive margins rate after oncoplastic surgery for unifocal tumor (10.6%: 23/217) [69].”