



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Cases

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Title: Adenoid cystic carcinoma of breast: Recent advances

Reviewer code: 00505946

Science editor: Xue-Mei Gong

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a review on adenoid cystic carcinoma (ACC) of the breast, which is a rare, special subtype of breast cancer. The authors shared their experience with the ACC of the breast, as well as an overview of clinical, histopathological, and molecular genetic features. On a whole, the experimental design are sound and with reasonable results. However, several aspects need to be addressed before publication consideration. Specific recommendations: 1. Table 1 is good, yet it is unclear the criteria of trials included in this table. It would be good to have a systematic review approach including the trails for a comprehensive picture of the disease. 2. It would be interesting to discuss more on the functional role of the ER-?36 variant in ACC which shine light on the therapeutics in treating this disease. Available trials and any relevant biologics are needed to expand in this area in this review. 3. Breast cancer is well known to have some genetic factor, e.g. BRCA1, how is the hereditary background for ACC? 4. Next-generation sequencing (NGS) has depicted a number of cancers and diseases, how is the progress of NGS on this rare cancer? 5. What are the limitations of this review? 6. The title is "Recent advances", yet still some more studies and references can be referred, some examples list below but not exclusive:- Ross JS, Wang K, Rand JV, Sheehan CE, Jennings TA, Al-Rohil RN, Otto GA, Curran JC, Palmer G, Downing SR, Yelensky R, Lipson D, Balasubramanian S, Garcia L, Mahoney K, Ali SM, Miller VA, Stephens PJ. Comprehensive genomic profiling of relapsed and metastatic adenoid cystic carcinomas by next-generation sequencing reveals potential new routes to targeted therapies. Am J Surg Pathol. 2014;38:235-8. Stephens PJ, Davies HR,



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Mitani Y, Van Loo P, Shlien A, Tarpey PS, Papaemmanuil E, Cheverton A, Bignell GR, Butler AP, Gamble J, Gamble S, Hardy C, Hinton J, Jia M, Jayakumar A, Jones D, Latimer C, McLaren S, McBride DJ, Menzies A, Mudie L, Maddison M, Raine K, Nik-Zainal S, O'Meara S, Teague JW, Varela I, Wedge DC, Whitmore I, Lippman SM, McDermott U, Stratton MR, Campbell PJ, El-Naggar AK, Futreal PA. Whole exome sequencing of adenoid cystic carcinoma. *J Clin Invest*. 2013;123:2965-8. Cho WC. MicroRNAs: potential biomarkers for cancer diagnosis, prognosis and targets for therapy. *Int J Biochem Cell Biol*. 2010;42:1273-81. Daa T, Nakamura I, Yada N, Arakane S, Nishida H, Kashima K, Suzuki M, Yokoyama S. PLAG1 and CYLD do not play a role in the tumorigenesis of adenoid cystic carcinoma. *Mol Med Rep*. 2013;7:1086-90.