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Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Oncology
ESPS manuscript NO: 10892
Title: New Concepts in Axillary Management of Breast Cancer
Reviewer code: 00906759
Science editor: Ling-Ling Wen
Date sent for review: 2014-04-24 22:27
Date reviewed: 2014-04-25 17:39

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	
[ ] Grade D: Fair	[ ] Grade D: Rejected	BPG Search:	[ ] Rejection
[ ] Grade E: Poor		[ ] Existing	[Y] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

Author might provide some additional hints concerning the use of SLNB in the neoadjuvant and DCIS settings. A Table summarizing old vs new concepts in axilla treatment would be fine.Bibliografy might be refreshed (see for example: http://www.uptodate.com/contents/sentinel-lymph-node-dissection-for-breast-cancer-indications-and-outcomes) Finally,currently recruiting trials based on Ultrasound examination of the axilla before surgical decision should be quoted and discussed.

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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Oncology
ESPS manuscript NO: 10892
Title: New Concepts in Axillary Management of Breast Cancer
Reviewer code: 00181208
Science editor: Ling-Ling Wen
Date sent for review: 2014-04-24 22:27
Date reviewed: 2014-05-07 03:05

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	
[ ] Grade D: Fair	[ ] Grade D: Rejected	BPG Search:	[ ] Rejection
[ ] Grade E: Poor		[ ] Existing	[Y] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

WJCO Reviewer report This is a very interesting review on a topic of major clinical importance. Some specific points: - Sections “introduction” and “sentinel lymph node biopsy” need references. - Last sentence of section ”new definitions…” is not clear and should be revised. -The last sentence of section “isolated tumor cells…” is not correct as the recent trend is for avoiding dissection in both isolated cells and micrometastases (mainly based on IBCSG 23-01 and Z0011 that had more than a third of patients with only micrometastases in SLN). If the author believes that this trend is not justified by the data should discuss in more detail. -The first sentence of the 2nd paragraph of section on “macrometastases” is directly contradicting the next sentence that maintains the correct fact that only one randomized trial has been performed on completion lymphadenectomy in patients with macrometastatic disease. -The last sentence of the page “completion axillary dissection…” is not correct. Surgery may be therapeutic also. In addition in some patients (e.g. in older ER+ patients that one could consider omitting chemotherapy with just one lymph node as opposed to giving chemotherapy if significant axillary tumor burden.) -Some language editing is needed (e.g. efficacy instead of affectivity in several instances).

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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Oncology
ESPS manuscript NO: 10892
Title: New Concepts in Axillary Management of Breast Cancer
Reviewer code: 00289387
Science editor: Ling-Ling Wen
Date sent for review: 2014-04-24 22:27
Date reviewed: 2014-05-08 04:20

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	BPG Search:	[Y] Minor revision
[ ] Grade E: Poor		[ ] Existing	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

Dr. Can Atalay suggests that the sentinel lymph node biopsy (SLNB) should be taken into account in the clinical management of breast cancer patients with sentinel lymph node negativity and even in some cases of sentinel lymph node positivity. This new concept should be emphasized in the surgical treatment of axilla, in order to avoid completed axillary dissection. The article is well written in general. However, a few concerns should be addressed substantially. For example, the author presented the mega-analysis of axillary recurrence with very low rate 0.3-0.6% in SLNB micrometastasis patients. A comparison with axillary dissection controls and significance data should be also presented, which supports the author's conclusion. The development or history of this approach should be more detailed, when, where and/or who initially raised it etc. In addition, how is it currently accepted in worldwide, in western countries (Europe, North America) vs. eastern countries (Asia)? Is it limited for the application in different ages of patients? Finally, the full name of sentinel lymph node biopsy must be replaced with its abbreviation once SLNB is first introduced, i.e. page 4, 1st& 2nd paragraph.