

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

ESPS manuscript NO: 20454

Title: Sentinel lymph node biopsy in clinically detected ductal carcinoma in situ

Reviewer's code: 00181208

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Science editor: Xue-Mei Gong

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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	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Duplicate publication	publication
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	language polishing	<input type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

This is an interesting small clinical study on the use of SLNB for carcinoma in situ of the breast. Only 20 patients are included but some useful insights can be derived and thus it is worth publishing. The study is of particular interest for settings where screening programs are not in place and DCIS is diagnosed clinically. Some specific points for consideration: 1. Data on hormone receptor status are said to be recorded but are not presented. They would be of interest, 2. Data on follow-up and outcomes as well as adjuvant treatments such as radiation and hormonal therapy would also be of additional interest. 3. The usual procedure for SLN identification in most centers involves the combination of technetium and methylene blue injection. It would be of interest for the authors to comment on why they use only technetium although it does not seem to have affected at all their ability to identify the SLN. 4. The recommendation in the presented algorithm of a delayed SLNB in case of lumpectomy assumes that there is no effect on the lymphatic drainage by a previous operation and this is somewhat controversial although previous operation seems to be less of concern according to accumulating literature. Addition of a brief discussion on this point would be an added asset for the paper.