

Response letter

Thank you for your constructive comments. By reading your suggestions, I have once again double-checked and refined this paper.

REVIEWER'S COMMENTS

First, I affirmed the importance of the puncture biopsy procedure for cancer patients, especially in this case, as follows:

The treatment of skin metastases from breast cancer mainly relies on puncture biopsy to identify the molecular typing of breast cancer and then determine the specific treatment plan according to the molecular typing, so puncture biopsy is indispensable for treatment.

Secondly I have added details of the study that is comparable to this one, as follows:

And in the first 48h, 10.4% of patients reported severe skin pain. Dermatologic toxicity included grade 3 skin ulceration (8.0%) and grade 2 skin hyperpigmentation (8.8%).

Finally I pointed out the side effects that can be associated with the treatment as follows:

But after PDT and ECT treatment, the skin will experience a temporary inflammatory reaction, sometimes with erosions or ulcers and eventually crusting. Also, in the case of tumor regression, the skin may show slight hyperpigmentation. For small local skin metastasis lesions, radiotherapy, PDT and ECT can be used to control the local lesion and provide a better quality of life for patients.

Once again, thank you for your valuable comments.

EDITORIAL OFFICE'S COMMENTS

Comment 1: The submitted manuscript reported the relatively old case of advanced breast cancer with skin metastasis that took place between 2015 and 2017. Therefore, the authors have to provide a strong justification for the publication of this case report. This could be made via the affirmation of the usefulness of this publication in the Introduction and Discussion in the context of (i) novel achievement in treatment options and/or necessity of biomarker-driven patients' follow-up, and (ii) comparison with other studies published recently. This should be supported by referring to the recent paper in this field.

Here, I suggest some recent papers that may be useful: Ronen S, Suster D, Chen WS, Ronen N, Arudra SKC, Trinidad C, Ivan D, Prieto VG, Suster S. Histologic Patterns of Cutaneous Metastases of Breast Carcinoma: A Clinicopathologic Study of 232 Cases. *Am J Dermatopathol*. 2021 Jun 1;43(6):401-411. doi: 10.1097/DAD.0000000000001841. Araújo E, Barbosa M, Costa R, Sousa B, Costa V. A First Sign Not to be Missed: Cutaneous Metastasis from Breast Cancer. *Eur J Case Rep Intern Med*. 2020 Jan 8;7(1):001356. doi: 10.12890/2020_001356. Sanae A, Kaoutar I, Jamal EF, Meryem E. Cutaneous metastasis as a first sign of breast carcinoma. *Radiol Case Rep*. 2021 May 26;16(7):1899-1901. doi: 10.1016/j.radcr.2021.04.064.

Response: Thank you for your constructive comments. We have revised it accordingly as following:

Generally, skin metastasis of breast cancer presents at the terminal stage of adva

nced cancer, but there are exceptions. For example, a recent case of skin metastasis of breast cancer in an old woman which belongs to this rare group of patients in whom cutaneous metastasis were identified before the primary cancer. And the case also showed the interest of biopsy and imaging in the confirmation of the diagnosis. (Cited from Sanae A, Kaoutar I, Jamal EF, Meryem E. Cutaneous metastasis as a first sign of breast carcinoma. Radiol Case Rep. 2021 May 26;16(7):1899-1901. doi: 10.1016/j.radcr.2021.04.064.)

Comment 2: The usage of drug names should be unified because two different names for the same drug, doxorubicin, and adriamycin, are simultaneously used. For example, in Fig. 4 legend, doxorubicin is used, whereas, in the text on page 7, adriamycin is used.

Response: Thank you for pointing out this point. We have revised it as following:
After the second biopsy, the CA15-3 serum concentration decreased when **adriamycin** plus cyclophosphamide chemotherapy was administered.

Comment 3: In the Abstract subsection Case Summary, there is an extra word “dynamic” after “photodynamic” (?).

Response: Thank you for pointing out this point. We have deleted it.

Comment 4: The grammar should be checked. For example, (i) on page 9, there should be “The treatment of breast cancer cutaneous metastases depends” (not depend); (ii) on page 11, there should be “A European study” instead of “An European study”.

Response: Thank you for pointing out this point. We have revised it as following:
The treatment of breast cancer cutaneous metastases **depends** mainly on the molecular subtype of the tumor.
A European study analyzed 125 patients with BC skin metastases, who underwent ECT.

Comment 5: In Conclusion, the sentence “The present study suggests that the skin metastasis of some breast cancers is intrinsic, and acquired resistance increases the complexion of the treatment” is not clear. Maybe there should be “intrinsic feature” and “acquired drug resistance”?

Response: Thank you for pointing out this point. We have revised it as following:
The present study suggests that the skin metastasis of some breast cancers is **intrinsic feature**, and **acquired drug resistance** increases the complexion of the treatment.