Dear Editor,

I thank the editor and reviewers of the World Journal of Clinical Cases for taking their time to read my manuscript. In response to the reviewer's critical but fruitful comments, I revised the manuscript by adding or explaining several important issues as following.

Comments from the Editors and Reviewers:

Reviewer #1:
Specific Comments to Authors: Choi et al purposed to investigate to look at the outcomes of HR-positive young breast cancer patients who received neoadjuvant chemotherapy (NAC) and the oncologic effectiveness of gonadotropin-releasing hormone (GnRH) agonists. In this way, they found that the Administration of GnRH agonists might improve the DFS rate of HR-positive/HER2-negative breast cancer in the equal to or younger than 35 years group of patients with NAC. In this way, they found that administering GnRH agonists may enhance the DFS rate of HR-positive/HER2-negative breast cancer among patients aged 35 or below. I found the study very interesting. I found the conclusion to be in line with the evidence and arguments presented. The article is well written. The figures and Tables are okay. I would, however, want to see Table 2, which the authors reference on page 4 (last line). In this manner, I would like to ask for a minor revision. Additionally, authors should provide the line numbers in the article.
Answer) Thank you for good comments. As the reviewer recommended, we provide the line number in article. Also we present Table 2.

Reviewer #2:
Specific Comments to Authors: As the authors stated, this study had the obvious limitation, only HR-positive/Her2-negative breast cancer patients with NAC were observed, other subtypes have not included would result in a inconcrete conclusion, or false positive outcome, to some extent. I recommend the authors to include the HER2-postive and triple negative breast cancer patients, to strengthen the comprehensive efficacy of this Gn-RH treatment, which would provide us a objective outcome. Furthermore, Suppression of Ovarian Function Trial presented a promising future for BC, while Gn-RH agonist using was contradicted to it, how do you consider it?

Answer) Thank you for good comments. In TNBC or HER2 type breast cancer, Gn-RH treatment is performed before Neoadjuvant chemotherapy for the purpose of ovarian protection, but continuous Gn-RH treatment is not performed after that. Therefore, this study included only HR-positive/Her2-negative breast cancer patients who had undergone Gn-RH treatment for more than 2 years, excluding TNBC and HER2 type breast cancer. We revised Methods in the revised manuscript.

The Gn-RH agonist mentioned here is an artificially produced Gn-RH-like substance that acts directly on the ovary to suppress the formation of LH and reduce the concentration of FSH and LH receptor to reduce estrogen synthesis. So, when suppressing ovary function in breast cancer patients, we use Gn-RH agonist or oophorectomy.

Thank you very much for considering our manuscript for publication.

We appreciate your time and look forward to your response.