Dear Editor-in-Chief:

We appreciate the time and effort you and each of the reviewers have dedicated to providing these interesting questions to strengthen our paper. Thus, it is with great pleasure that we provide below satisfactorily address all the issues and concerns you and the first peer reviewer have noted.

Reviewer#1

Question 1: Considering the rapid growth of breast mass in 6 months follow up, why did you just observed the mass growth and did not perform any additional diagnostic method? It could be a malignant lesion.

RESPONSE: The patient did not receive any examination and treatment before coming to our hospital. We preliminarily confirmed the benign nature of the mass by ultrasound, and no lymphatic metastasis was found. Based on the patient's family conditions and her family members' consideration, I took the measure of removing the mass first and then carrying out pathological examination. The results showed that the mass was indeed benign.

Question 2: Why did not use supplementary radiologic modality to define the mass characteristics regarding invasion or metastasis?

RESPONSE: After the pathological examination showed that the mass was benign, we suggested the patient to have regular reexamination and obtained the consent of the patient's family. Due to the concerns of patients and their families, they did not give priority to radiology or fine-needle aspiration.

Question 3: The follow up time is short. I recommend the respect authors to have the post operative imaging modality if applicable to ensure the complete resection of tumor.

RESPONSE: The time from discharge to the first review was just 3 months. Since the patients live in the mountain area, we are not sure that they can be

re examined on schedule. We usually suggest that they handle the problem in the local hospital and receive our telephone follow-up.

Reviewer#2

Question: Please, add my suggestions. Paper On some aspects, the authors should address: -It would be interesting to specify the type of ultrasound machine which you used as well as the frequency of the ultrasound probe (I think at least 15MHz). -In very recent articles, it is argued about the added value of using high frequency probes (> 15MHz) to document better the vascularization of breast lesions in order to improve the BIRADS US categorization. Even if you haven't used high frequency probes, a brief discussion focus on this topic would be interested and is welcome. I suggest specifying this concept: "ideally, two multi-frequency linear probes should be available to perform BREAST examinations, one with a frequency range from 7.5 to 14 MHz (as suggested by American College of Radiology) and another one with an upper frequency of 15 to 24 MHz. The former transducer, given its higher penetration, is necessary to explore the deeper layers (muscle plane, the fascia, the retromammary layer), and the lesions of considerable size (as in your case), whereas the latter one, owing to the higher resolution, is mandatory to scan the superficial planes. I send you this open access article, which you must discuss and cite: -Use of High-Frequency Transducers in Breast Sonography. J Per Med 2022, 12, 1960. https://doi.org/10.3390/jpm12121960. -You must also mention the new elastography techniques, at least strain elastography (of which almost all ultrasound machines are now equipped). Figures: the idea of inserting a panoramic ultrasound image is excellent. -If you have, please insert elastography images.

RESPONSE: We revised the paper according to the comments of the reviewers. At the same time, we did not carry out elastic imaging inspection, so we cannot provide relevant data.

Best regards to all of reviewers,

Cheng Jiamao (corresponding author)

Manuscript NO: 81506

Title: Giant juvenile fibroadenoma in a 14-year old Chinese female: A case report

Authors: Jing Wang, Dai-di Zhang, Jia Mao Cheng, Hai-yan Chen and Rong-jiao Yang