

RESPONSES TO COMMENTS

We thank the editors and reviewers for careful evaluation of our manuscript. We also appreciate positive comments and their contributing recommendations. All recommendations were taken into consideration and manuscript was revised. We believe that the revised version of the manuscript is more talented and appropriate for publication. Revised manuscript was uploaded to the online system. We answered all comments of reviewers. Answers are listed below;

To reviewer 1;

Comment: I believe that the tables should be restructured and optimized for readers.

Response: We would like to thank for your recommendations. All tables have been restructured and optimized for readers. We believe that the revised version of tables are more appropriate for publication.

To reviewer 2;

Comment: 1-The article is a review study and should be mentioned in the title 2- The abstract is not clear and the author should give more details about his subject 3- There is lack in the conclusion part 4- a minor revision need for the article

Response: We would like to thank for your careful evaluation.

1- Title of the article has been changed as “The Role of Radiotherapy in Oligometastatic Breast Cancer: Review of the Literature” according to your recommendations.

2- The abstract were detailed in the revised manuscript as follows:

“Metastatic breast cancer has been historically considered as an incurable disease. Radiotherapy (RT) has been traditionally used for only palliation of the symptoms caused by metastatic lesions. However, in recent years the concept of oligometastatic disease has been introduced in Cancer Medicine as a clinical scenario with a limited

number of metastases (≤ 5) and involved organs (≤ 2) with controlled primary tumor. The main hypothesis in oligometastatic disease is that locoregional treatment of primary tumor site and metastasis-directed therapies with surgery and/or RT may improve outcomes. Recent studies have shown that not all metastatic breast cancer patients have the same prognosis and selected patients with good prognostic features as those younger than 55 years, hormone receptor-positive, limited bone or liver metastases, a low-grade tumor, good performance status, long disease-free interval (>12 months), and good response to systemic therapy may provide maximum benefit from definitive treatment procedures to all disease sites. While retrospective and prospective studies on locoregional treatment in oligometastatic breast cancer demonstrated conflicting results, there is an increasing trend in favor of locoregional treatment. Currently, available data also demonstrated the improvements in survival with metastasis-directed therapy in oligometastatic breast cancer. The current review will discuss the concept of oligometastases and provide up-to-date information about the role of RT in oligometastatic breast cancer."

3- We agree that we have no conclusion part in this manuscript. A conclusion section was added in the revised manuscript as follows:

"Metastatic breast cancer includes a wide spectrum of disease ranging from oligometastatic to disseminated disease. There has been growing interest during the last 20 years in the curative treatment of oligometastatic breast cancer with the advances in systemic therapy. Aggressive local treatment of primary tumor and metastases-directed therapies may improve survival in selected patients, and should especially be suggested to young patients with limited number of metastases. The results of ongoing trials specific to breast cancer will be more helpful in the future."

4- The manuscript have been revised according to your recommendations.

To science editor:

Comment: 5 Issues raised: (1) The "Author Contributions" section is missing. Please provide the author contributions; (2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the

reference list and list all authors of the references. Please revise throughout; and (3) The column should be minireviews.

Response: We would like to thank for your careful evaluation.

1- Author contributions section was added in the revised manuscript as follows:

“Author Contributions: Esen CSB wrote the main body of the manuscript; Gultekin M and Yildiz F provided guidance in the structure of the manuscript and reviewed the manuscript.”

2- PMID and DOI numbers were added in the reference list and all authors of the references were listed in the revised manuscript.

3- The manuscript type has been changed as “minireviews”.