

Review Form 1.7

Journal Name:	Asian Journal of Research in Surgery
Manuscript Number:	Ms_AJRS_99762
Title of the Manuscript:	NEOADJUVANT IMMUNOTHERAPY COMBINATION WITH CHEMOTHERAPY VERSUS PLACEBO WITH CHEMOTHERAPY ON PATHOLOGIC COMPLETE RESPONSE IN EARLY TRIPLE-NEGATIVE BREAST CANCER: A SYSTEMATIC REVIEW
Type of the Article	Review Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p>Compulsory REVISION comments</p> <ol style="list-style-type: none"> Is the manuscript important for scientific community? (Please write few sentences on this manuscript) Is the title of the article suitable? (If not please suggest an alternative title) Is the abstract of the article comprehensive? Are subsections and structure of the manuscript appropriate? Do you think the manuscript is scientifically correct? Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form. <p><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></p>	<p>1.yes This review article is addressing the efficacy and safety of the combination of neoadjuvant immunotherapy with chemotherapy in patients with early-stage TNBC. This topic is important for clinicians and researchers. However, in its current form, the MS requires a revision. The authors should revise the MS - some suggestions for improvement can be considered.</p> <p>2.a suggested alternative title: EFFECTS OF THE COMBINATION OF NEOADJUVANT IMMUNOTHERAPY WITH CHEMOTHERAPY VERSUS PLACEBO WITH CHEMOTHERAPY ON PATHOLOGIC COMPLETE RESPONSE IN EARLY TRIPLE-NEGATIVE BREAST CANCER: A SYSTEMATIC REVIEW</p> <p>3. yes 4.yes 5. yes 6. yes</p> <p>additional suggestions/comments In the Abstract, the Objectives: 'The study aims to assess the efficacy of neoadjuvant immunotherapy combination with chemotherapy in early-stage TNBC, with the primary endpoint was pCR (ypT0/is ypN0)'. need to revised to: 'The study aims to assess the efficacy of neoadjuvant immunotherapy in combination with chemotherapy, in the early-stage TNBC, with the primary endpoint of pCR (ypT0/is ypN0)'. In the Methods, the part: All phase 1, 2, and 3 clinical trials that provided safety and efficacy are included. Two independent reviewers excluded non-RCT and clinical studies irrelevant to the study question. Five remaining studies were reviewed and screened for inclusion based on relevance to the subject and outcomes. needs to revised to: 'All phase 1, 2, and 3 clinical trials that provided safety and efficacy data were included. Two independent reviewers excluded the non-RCTs and other clinical studies irrelevant to the study question. Five remaining studies were reviewed and screened for the inclusion criteria, based on the relevance to the study subject and clinical outcomes.' In the Results, the part: Based on five studies in this review, a combination of immunotherapy pembrolizumab,</p>	

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	<p>atezolizumab, or durvalumab with chemotherapy has shown superior outcomes on increasing pCR rate than chemotherapy alone in early-stage TNBC, irrespective of PD-L1 status. Adverse events were not more frequently reported with immunotherapy than with a placebo.</p> <p>needs to revised to:</p> <p>Based on five studies included in this review, a combination of immunotherapy (pembrolizumab, atezolizumab, or durvalumab) with chemotherapy has shown superior effects of increasing pCR rates, compared to the chemotherapy alone, in early-stage TNBC, irrespective of PD-L1 status. Adverse events were not more frequently reported with the immunotherapy compared to placebo.</p> <p>In the Conclusions, the part:</p> <p>Neoadjuvant immunotherapy combination with chemotherapy has shown superior outcomes on increasing pCR rate than chemotherapy alone in early-stage TNBC, irrespective of PD-L1 status, with an acceptable safety profile.</p> <p>needs to revised to:</p> <p>A combination of neoadjuvant immunotherapy with chemotherapy has revealed superior effects of increasing pCR rates, compared to the chemotherapy alone in early-stage TNBC, irrespective of PD-L1 status, with an acceptable safety profile. However, further studies are needed to explore this issue.</p> <p>Similarly to the Abstract, the main text and tables should be revised [e.g., by a native English speaker service for grammar, style, and clarity]. Abbreviations [e.g., TNBC, BC, pCR, etc.] should be used consistently in the Abstract, main text, and tables. Abbreviations [e.g., PD-L1] should be explained in the Abstract, main text, and tables.</p> <p>In the MATERIAL AND METHODS, the part:</p> <p style="padding-left: 40px;">Of the total of 13.702 research journals, five journals related to the inclusion and exclusion criteria of researchers were used as material for systematic reviews. The research strategy used the English keyword “Immunotherapy”, “Pembrolizumab”, “Atezolizumab”, “Durvalumab”, “Neoadjuvant treatment”, and “Triple-negative breast cancer”, this is to ensure that all articles obtained are relevant and appropriate. The full texts are downloaded and stored.</p> <p>needs to revised to:</p> <p style="padding-left: 40px;">‘Out of the total of 13.702 research articles, five studies, which met the inclusion and</p>	
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	<p>exclusion criteria were selected and used as materials for our systematic review. The research strategy used the following English keywords: “Immunotherapy”, “Pembrolizumab”, “Atezolizumab”, “Durvalumab”, “Neoadjuvant treatment”, and “Triple-negative breast cancer”. This was to ensure that the obtained articles were relevant and appropriate. Subsequently, the five full text studies were downloaded and stored.</p> <p>Fig 1. Article Search Process – requires a grammatical correction.</p> <p>Also, the parts: Screening and Review Literature Methods for the selection and refining of the studies (using the PRISMA 2009 flow diagram) are redundant and could be removed.</p> <p>Tables 1,2 - should be redesigned. In Table 1, the column: ‘Instrument’ could be removed. In Table 2, the 3-rd column: ‘Early-stage TNBC’ could be removed.</p> <p>The title of Table 2:</p> <p>Study of the efficacy of neoadjuvant immunotherapy toward its outcome</p> <p>needs to revised to:</p> <p>‘The efficacy and safety of neoadjuvant immunotherapy and chemotherapy in Early-stage TNBC’</p> <p>In the Discussion, the strengths and limitation of the study should be listed.</p>	
<p>Minor REVISION comments</p> <p>1. Is language/English quality of the article suitable for scholarly communications?</p>	<p>English language quality of the article should be improved</p>	
<p>Optional/General comments</p>	<p>As above</p>	

PART 2:

	Reviewer’s comment	Author’s comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p>Are there ethical issues in this manuscript?</p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	

Reviewer Details:

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