

Review Form 1.7

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| Journal Name: | Asian Journal of Case Reports in Surgery |
| Manuscript Number: | Ms_AJCRS_118540 |
| Title of the Manuscript: | Breast Neuroendocrine Neoplasms (BNEN): a case report |
| Type of the Article | Case report |

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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) |
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| <p>Compulsory REVISION comments</p> <ol style="list-style-type: none"> 1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript) 2. Is the title of the article suitable? (If not please suggest an alternative title) 3. Is the abstract of the article comprehensive? 4. Are subsections and structure of the manuscript appropriate? 5. Do you think the manuscript is scientifically correct? 6. 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> | <ol style="list-style-type: none"> 1. The case has a rare histology, so it can be of interest. However, the case description and literature review should be improved in order to increase the value of the manuscript. 2. Neuroendocrine neoplasms refer to the wide category, which is further sub-divided in NE tumors and NE carcinomas. Since the case is a NE carcinoma, I would suggest using this term in the title, too. 3. The abstract offers a synthesized version of the case, but it has typos and some sentences should be rephrased (On follow up she showed recurrence after 6 months with FDG-PET showing left breast, Multiple enlarged lymph nodes with metastasis to superior and anterior mediastinum and right iliac bone) 4. The sections follow the "classical" case presentation structure. However, "Introduction" has a number and the other sections do not. 5. Yes, but maybe not clear enough. Discussing classification, histology, diagnosis, treatment and prognosis in a short text, especially when terms like neoplasms, tumors and carcinomas refer to different categories, can become confusing. 6. They are recent, but others could be added https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10884130/ https://pubmed.ncbi.nlm.nih.gov/33342825/ | |
| <p>Minor REVISION comments</p> <ol style="list-style-type: none"> 1. Is language/English quality of the article suitable for scholarly communications? | <p>Overall, yes, but minor improvements are still needed.</p> | |
| <p>Optional/General comments</p> | <p>Other major issues- case details "Mammography revealed a large, oval, irregular radio dense lesion in supero-medial quadrant of left breast with large left axillary node." "A thoracoabdominal computed tomography (CT) scan ruled out any other primary disease or metastasis. Lumpectomy with adequate margins was performed. Excised specimen, on gross examination was 10x5x4cm in size, homogenous grey white with necrotic centre."</p> <p>Was it a contrast CT? Was an ultrasound performed for the left axilla? Was axillary dissection or SLNB performed? If not, could you comment on that? If the excised specimen was 10 x 5 x 4 cm, what was the tumour size? What were the numerical values of resection margins? What were the clinical and the pathological staging? Were there lymphovascular and/or perineural invasion described? Did she have surgery complications?</p> <p>Did she receive postoperative radiation therapy? If not, could you comment on that? NCCN guidelines include NE tumors and NE carcinomas in the NST category, so after lumpectomy WBRT is recommended, including regional lymph node irradiation if axillary dissection was not performed. How many cycles of chemotherapy did she receive? What was the reason of choosing one regimen</p> | |

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| | <p>over other options? Were there any toxicities? How much time after surgery did she start the systemic treatment? How often did she come for follow-up after chemotherapy? At 6 months only? What were the symptoms at recurrence? What treatment did she receive for recurrence? Was she followed-up after recurrence? Was the case discussed in a tumour board (none, once or before each treatment decision?) Was she seen by the oncologist only after surgery? Could neoadjuvant chemotherapy have been an option, given the size and tumour aggressive features? All these details create a clearer image on the case and bring up elements for discussion.</p> <p>Minor issues</p> <ul style="list-style-type: none"> - More than summarizing the existent theoretical knowledge, the discussion section should discuss the case in the context of literature – take every step and comment if other findings were similar or not, if a protocol/guideline was used, which one and why/ - Is figure 2 original? If not, what is the source? Do you have the right to use it? - Figure captions should give more details - Abbreviations are not consistently used across the manuscript - Conclusion is not reflecting the case particularities. Two sentences are too general and one is confusing (This case needs to be further evaluated for its primary tumour and followed up for further recurrence) | |
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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) |
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| Are there ethical issues in this manuscript? | <i>(If yes, Kindly please write down the ethical issues here in details)</i> | |

Reviewer Details:

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