

Review Form 3

Journal Name:	International Research Journal of Oncology
Manuscript Number:	Ms_IRJO_129527
Title of the Manuscript:	Adenoid Cystic Carcinoma of the Breast: A Case Report and Review of Literature
Type of the Article	Case report

PART 1: Comments

	Reviewer's comment	Author's Feedback <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.	Adenoid Cystic Carcinoma of the breast is a rare and underrecognized malignancy that warrants attention due to its distinct features. It is an important differential for the common invasive duct carcinoma, NOS. Given the scarcity of large studies on ACC in the breast, publishing research on this topic could provide valuable insights into its diagnosis, treatment strategies, and long-term outcomes, ultimately improving patient care.	
Is the title of the article suitable? (If not please suggest an alternative title)	Yes, suitable	
Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.	The abstract provides a good overview of the article, but I have suggestion to make it more comprehensive. 1- In the background and case presentation: Mentioning ACC as a special subtype of triple-negative breast cancer may confuse readers. It would be better to mention its true classification. For example, you could say: "ACC is a salivary gland-type tumor that rarely presents as primary breast cancer. Its triple negativity to ER, PR, and Her2neu can cause confusion with other triple-negative invasive carcinomas."	
Is the manuscript scientifically, correct? Please write here.	Yes, with additional notes to be added/clarified as requested in the section of general comments.	
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.	The references are sufficient in number. But, most of are not recent. Please update some of them especially those which are discussing tumor grading, and treatment options.	

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<p>Is the language/English quality of the article suitable for scholarly communications?</p>	<p>Yes, average</p>	
<p>Optional/General comments</p>	<p>1- In the introduction: last line of first paragraph “Given the rarity of this tumor, diagnosis remains a challenge.” It is preferred to add some information about how the diagnosis could be challenging eg, easily confused with invasive mammary carcinoma, no special type (NST) on histopathologic and immunohistochemical basis being triple negative to ER, PR, Her2neu</p> <p>2- In the introduction: in the second paragraph, 4th line: please remove the note between brackets (i.e., tumors that are devoid of estrogen receptor, progesterone receptor, and human epidermal growth factor receptor 2 expression, and express basal cell markers) and correct as: (ACC has a more favorable prognosis characterized by low expression of Ki-67, low malignant potential and slow progression compared to conventional triple-negative invasive carcinoma)</p> <p>3- In the case report, second paragraph, it is mentioned that tumor size is 3.3 (pT2). However, the pathologic stage is written as pT3N0Mx. Please revise this and mention the justification of diagnosing it as advanced disease as written in the fifth paragraph</p> <p>4- In the case report, fourth paragraph It is not mentioned how the final diagnosis of ACC is reached, Does immunohistochemistry for CD117, p63, and or Ck5/6 was done?</p> <p>5- Please mention the justification of giving adjuvant chemotherapy as this issue is still controversial in treatment of ACC and no lymph node metastasis identified. Distant metastasis of this case is not known.</p> <p>6- In Discussion, second paragraph, 3rd line: please rephrase this part for more clarity and proper flow “On palpation, tender is seen if tumor is located adjacent to the peripheral neural network. Rarely it can involve nipple and breast skin retractions, as well as pectoralis muscle invasion. For early detection fine needle biopsy plays an important role.”</p> <p>7- In Discussion, 7th paragraph, talking about RT, the references mentioned (28, 29) are not recent, please provide the latest updates in this regard</p>	

PART 2:

	<p>Reviewer’s comment</p>	<p>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>
<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:

<p>Name:</p>	<p>Safaa Mahmoud Mohamed Abdelkhalek</p>
<p>Department, University & Country</p>	<p>Gulf Medical University, Egypt</p>