Peer Review File

Article information: https://dx.doi.org/10.21037/gs-22-542.

Thanks for your kindness. We appreciated it a lot and revised our manuscript according to your suggestions.

Comment 1: In this study entitled " Predicting recurrence-free survival of phyllodes tumor of the breast: a nomogram based on clinicopathology features, treatment and surgical margin" the authors sought to propose a nomogram to more objectively and accurately judge the prognosis of PT.

Reply: Thanks for your kindness.

Comment 2: Ultrasound (US)-guided vacuum-assisted breast biopsy (VABB), based on NCCN guidelines cannot obtain reliable margin information and effective treatment for borderline phyllodes tumor. This grouping may be inappropriate and non-normative, at least in borderline phyllodes tumors.

Reply: Thanks for your useful suggestion. As you mentioned, US-guided VABB cannot obtain reliable margin information, especially in borderline PT. As for benign PT, US-guided VABB did not increase the LR rate compared with open surgery (lumpectomy and wide local excision). Therefore, we revised the grouping of surgical margin into three parts: negative, positive and not available. And the grouping of "not available" was defined as those who diagnosed as borderline PT and underwent US-guided VABB.

Changes in the text:

The surgical margin of the tumors …defined as "not available" (Page 6/ line 109-112).

All figures and tables related to surgical margin in this study were revised.

Comment 3: Borderline phyllodes tumors and malignant phyllodes tumors should have resection margins greater than or equal to 1 cm according to guidelines. However, in the real world, not all margins can fully meet the requirements of the guidelines, so the grouping of this study can be more appropriate to divide patients with insufficient margins into one group.

Reply: Thanks for your suggestion. As you mentioned, differences existed between guidelines and clinical practice. However, it was impractical to measure margin width or group patients into a new "insufficient margins" group in clinical practice as well as pathological analysis. This was also the reason why margin width could not be studied in the article.

Comment 4: The 1000 replicates of bootstrap validation cohort is actually internal, which is much less convincing to prove the discriminative ability of the model. An external or even multicentric validations were highly recommended to perform to achieve a better effect.

Reply: Thanks for your useful suggestion. An external or multicentric validation was indeed effective method to validated the model. However, as a rare tumor, the number of patients

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with phyllodes tumors of the breast is still limited in our hospital. More cases and co-operation with other centers are still needed for our study in the future.

Reviewer B

Comment 1: The authors summarized clinical pathological data of PT in their institute and made nomogram that would predict RFS. The content was constructive and should be interesting for the readers although the further study is needed for validation.
Reply: Thanks for your kindness and suggestion.

Reviewer C

Comment 1: This manuscript reports a proposition to create and validate a nomogram to predict PT Local recurrence. I congratulate the authors on the effort to perform this study and contribute to the literature on PT.
Reply: Thanks for your kindness and suggestion.

Comment 2: The major point of the manuscript: The manuscript would benefit greatly from a English revision. I suggest it to be done professionally.
Abstract- LR, RFS – please specify what it means, before using abbreviation
Some results are presented in the methods section. Please review
Please improve the quality of your figures – it is not possible to read the small letters in Figure 1.
Discussion section: there are at least two previous nomograms developed for the same purpose. It would improve your Discussion to mention them.
Reply: Thanks for your useful suggestions and the article have been revised. I was so sorry for the poor quality of Figure 1. But the summit website of our magazine had a limitation in the size of the file. We would try best to submit it again. As for your suggestions on discussion section, we appreciated it a lot to your kindness. However, in the introduction section, we have already mentioned them and also pointed out their limitations in this field (see page4-5/line 5-75). What's more, in the discussion section, we also mentioned their function in specific point through the article (see page11/line 205-207 and page11-12/line 241-245).
Changes in the text:
local-recurrence (LR), recurrence-free survival (RFS)
Clinicopathological data of patients with pathologically confirmed PT at our institution were retrospectively collected.