

Peer Review File

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Reviewer A

Major points

I think this is a very interesting point of view. However, I feel that the title does not match the content, since there is no significant difference in the size of recurrent tumors and the analysis is an intergroup comparison of the presence or absence of systemic metastasis.

Please **either change the title** or add content to the introduction.

Reply 1: Thank you for your advice. We have modified our title as highlighted in the revised manuscript. The new title is: Can the size of chest wall recurrence after mastectomy in breast cancer patients predict the presence of systemic metastasis?

Changes in the text: Page 1, lines 1-2

Minor point

1. Please add abbreviation of “CWR” in the abstract.

Reply 2: We have added the abbreviation of “CWR” in the abstract, as highlighted

Changes in the text: Page 2, lines 4

Reviewer B

I thought the theme of clinical question that can be applied to daily clinical practice, and the focus on the relationship between the size of chest wall recurrence and whether it is accompanied by systemic metastasis at the same time, was interesting. Although I have no doubt about the quality of the presented work, I would like to ask you a few questions regarding some points that were not clear.

I assume that the authors consider patients with chest wall recurrence with systemic metastases to have a poorer prognosis than those without systemic metastases, but I think it would be more convincing to present data on the **comparison of the prognoses of the two groups**.

Reply 3: Thank you for your comment. Patients with chest wall recurrences and systemic metastasis had a poorer prognosis than the patients without systemic metastasis, with the former group having an overall survival of 21.2 months versus 41.0 months in the latter group. This was added to the manuscript as highlighted in the results section.

Changes in the text: Page 4, lines 20-22

Although only univariate analysis has been performed to evaluate the relationship between patients with chest wall recurrence with systemic metastases and clinicopathologic factors, I believe that **multivariate analysis should be performed** if possible.

Reply 4: In view of our small sample size, multivariate analysis was not performed. This limitation of small sample size was added to the last paragraph of discussion and highlighted. Despite the small sample size, this is the first reported study, to the best of our knowledge, which specifically examines the correlation of the size of CWR to the presence of simultaneous systemic metastasis.

Changes in the text: Page 5, lines 30-32

Regarding postoperative follow-up, authors mentioned that they had annual mammographic evaluation of the contralateral breast, but **how was the chest wall recurrence detected?** Since it is difficult to point out chest wall recurrence on mammography, was it **detected on physical examination or incidentally on a CT** performed for a symptomatic condition?

Reply 5: Chest wall recurrences were detected by clinical examination in 40 patients and on imaging in 8 patients. This is added to the result section of the manuscript as highlighted

Changes in the text: Page 4, lines 14-15

Reviewer C

I've just read your article and found a major problem with your research plan itself. In a study comparing only 22 cases to 26 cases, it is extremely difficult to determine the difference between the two groups due to the **small number of cases**. It, therefore, is **unreasonable to discuss the clinical significance** of chest wall recurrence size in this study.

Reply 6: Thank you for your comment. We have added the small number of subjects as a limitation of our study in the last paragraph of discussion, as highlighted. Despite its small sample size, this study addresses an important clinical question and it is also the first reported study, to the best of our knowledge, which specifically examines the correlation of the size of CWR to the presence of simultaneous systemic metastasis.

Changes in the text: Page 5, lines 30-32