Peer Review File

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Reviewer A

Comment 1: This article is an Editorial commentary summarizing changes in axillary management in patients with clinical node-positive breast cancer. In this document, we will find valuable insights on the changes in nodal management for breast cancer patients undergoing neoadjuvant chemotherapy, with a focus on de-escalating axillary surgery. Inclusion criteria for the SENOMAC study allow for extracapsular extension. Please add a note about that.

Reply 1: Thank you for highlighting this notable inclusionary criteria for SENOMAC. This has been added to the text in the 2nd paragraph.

Changes in the text: (Paragraph 2, pages 2-3):

The AMAROS and SENOMAC clinical trials have since expanded the role omitting ALND in cN0 but pN+ breast cancer patients undergoing upfront surgery to include patients undergoing mastectomy or those found to have additional nodal micrometastases. [6,7] SENOMAC also included patients with cT3 disease and those found to have extracapsular nodal extension.[7]

Reviewer B

Comment 2: Case selection for Neo Adjuvant Chemotherapy and axillary nodal management are critical problems in breast cancer treatment. It is significant in that this manuscript argues these points, but there seems to be a lack of points to discuss. Because of immerging Response Guided Therapy like CREATE X trial and KATHERINE trial, the highest priority of NAC is improving survival. On the other hand, use of multiple gene examination like oncotype DX implementation for avoiding overtreatment is also emerging and case selection of NAC has many points of view. Issues for axillary lymph node management after NAC may be one of those problems. This point of view should be mentioned.

Reply 1: The section on page 4 regarding tumor genomic profiling for HR+/HER2- patients has been expanded to elaborate on this point.

Changes in the text: (Paragraph 7 Page 4)

It is unclear if the decision for NAC for HR+/HER2- patients in the Zaborowski cohort was based upon upfront tumor genomic profiling, such as the 21-gene Oncotype DX Breast Recurrence Score® assay,[21] or other clinicopathologic factors. As tumor genomic profiling of HR+/HER2- breast cancer allows for an objective view of the benefit to systemic chemotherapy, its utility when considering a NAC approach for patients with HR+/HER2- must be carefully considered given lower pathological response to NAC compared to the HER2+ and TNBC subtypes.[21]