

## Peer Review File

Article Information: <https://dx.doi.org/10.21037/gs-24-183>

### Reviewer A

#### Comment 1:

This is a review on a very trendy and important topic of axillary management.

To my opinion this review is written in a language that too slang, I suggest changing it to a more scientific one.

Reply 1: Thank you for this comment. As it was an invited editorial/commentary, we feel that the language can be more colloquial. However, we have made some of this reviewer's suggested revisions to make it more scientific. One example is "a waste of healthcare dollars" was changed to "may represent unnecessary healthcare dollar expenditures".

Changes in the text: Page 8, Line 181- "a waste of healthcare dollars" changed to "may represent unnecessary healthcare dollar expenditures"

I have a few comments:

#### Comment 2:

- Consider adding to the title the fact that this is an editorial commentary or a kind of review

Reply A2: Thank you for this comment. We have changed the title to include that this is an editorial.

Changes in the text: The title now reads: "Does technical accuracy matter when surgically staging the axilla after neoadjuvant chemotherapy? An Editorial"

#### Comment 3:

- Line 114- moreso? Did you mean more so?

Reply A3: Thank you for catching this; yes, this was a typo.

Changes in the text: Page 5, Line 114- "moreso" changed to "more so"

#### Comment 4:

- Create-X trial is for triple negative pts, not HER2- alone.

Reply 4: Create-X inclusion criteria was HER2- breast cancer; only 32.2% of the study population in Create-X had triple negative disease. The findings have been implemented more so in triple negative patients because the survival advantage was greater; it has not really been implemented broadly in ER+ disease, which leads to this common misconception. We did not make any changes based on this comment.

Changes in the text: N/A

Comment 5:

- "it would be very unlikely that a patient's lymph nodes would have disease when their breast does not"- How unlikely? what is the percentage you define unlikeliness?

Reply 5: We referenced the studies (references 25 and 26) that contain this information. However, we understand this left a bit to be desired. Thus, we have added the rates of pathologic nodal disease among initially cN0 patients treated with NACT who experienced a breast pCR as an example to hit our point home.

Changes in the text: Page 7, Line 160- Added "For example, patients who present with cN0 HER2-positive or triple negative disease and experience a breast pCR after NACT have a 0-4% chance of pathologic nodal disease."

Comment 6:

- Line 174- In the authors opinion for RT de-escalation 5 y f/u is not enough bc luminal pts were in the cohort, but it is enough for concluding that there is no difference btw SLNB vs TAD in Montagna's trial, which is a retrospective trial that also included all subtypes. The authors even named it 'The nail in the coffin'. So, I think that one should apply the same criticism upon all studies, not only those that show the results they don't like.

Reply 6: Respectfully this is an editorial, we are editorializing results for the sake of our argument. We changed "nail in the coffin" to "compelling data" in response to this reviewer's overarching concern re: the tone of our language. However, we are not going to critique this any further for 2 reasons. First, we are running low on word count. Second, there is ample evidence that the majority of axillary recurrences occur overwhelmingly by year 2 (NSABP B-04, large series out of MSKCC reporting early adoption of Z0011, and more), making 3.5 years of follow-up more than sufficient.

Changes in the text: Page 6, 127- "Perhaps the nail in the coffin..." changed to "Compelling data from..."

Comment 7:

- 179- "This is a big "if"."- I suggest using a more scientific language.

Reply 7: Thank you for this comment. We have changed this sentence.

Changes in the text: Page 8, Line 179- "this is a big 'if'" changed to "but this is unlikely in our opinion"

## **Reviewer B**

Comment 8: This is a well written and thoughtful editorial.

Reply 8: Thank you so much for this comment. No changes were made.

Changes in the text: N/A

## **Reviewer C**

Comment 9: Excellent review. Reduced axillary surgery protocols shows no worse outcome than wider resection and your paper goes further in this direction by suggesting that TAD can be avoided in a great proportion of ypN0 cases.

Reply 9: Thank you so much for this comment. No changes were made.

Changes in the text: N/A