Peer Review File

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Reviewer A

The authors conducted a retrospective study on the accuracy of sonographic predicition of pathological N stage in patients with Her2-positive breast cancer.

The manuscript is well written and technically sound. The content is relevant and of interest to the reader, I therefor recommend to accept the manuscript. The manuscript is clearly structured and easy to read, the conclusions are consistent with the detailed results and arguments. The main question is address by the results and the authors contribute to the field with new facts.

Reviewer B

Overall, this is a valuable study providing insights into axillary ultrasound performance for HER2-positive early breast cancer patients. I have several comments/questions

1."Recently, several ongoing prospective randomized clinical trials have been registered to investigate whether axillary ultrasound can replace sentinel lymph node biopsy in cN0 patients." This is an interesting and important point, which deserves to be developed in the discussion section, as it is still controversial. Some useful references e.g. : PMID: 35241267, 38337768 and 32740809

I have added the discussion section regarding whether axillary ultrasound can replace Sentinel Lymph Node Biopsy (SLNB) on page 12, lines 7 to 13, in red font.

2. For the practice of US: how many are there the "skilled ultrasoners"? Were there some non-contributory examination? What were the US devices?

I have included the relevant sections on the number of ultrasound physicians, the type of ultrasound equipment used, and the presence of non-contributory examinations in red font on page 8, lines 2-5 and lines 9-10.

4. What did you mean by occult breast cancer in the exclusion criteria? Please specify.

The definition of occult breast cancer has been added on page 6, line 22, and page 7, line 1.

5. Table 1 should have fewer items. Please reorganise.

I have simplified the tumor location information in the table and removed the median values

for age and tumor diameter, instead reflecting them from the original text.

6. It would be good to have some figures for US illustrations.

I have added the information related to the axillary lymph node ultrasound images to the red font section on page 8, lines 8-9.

7. I would suggest that in a discussion section we talk about the limitations of other advanced imaging modalities such as MRI and PETscan in this specific settings: Some useful references e.g. : PMID: 34943597, 35636977 and 36769616

I have included the discussion section regarding MRI and PET in the red font section on page 16, lines 9-18.

8. Another point in the discussion: Variability in surgical methods and surgeon experience can impact lymph node dissection outcomes. Please add related information in the MM section and have a little discussion about it.

I have added the discussion on the impact of the surgeon's experience on axillary surgery to the Methods and Discussion sections, specifically in the red font sections on page 8, lines 13-16, and page 16, lines 2-7.