

Peer Review File

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Reviewer A

It was a pleasure to review this well written invited editorial. The authors are putting the review they are commenting on in perspective and add very important aspects. I only have two comments that are not enough even for a minor revision.

Comment 1:

1. The text is rather long for an editorial, but probably the expected word count has been communicated in the invitation process, so this is just a comment from my side.

Reply 1: Thanks for the comment. The word count is under the requirement for the editorial.

2. It would have been adding benefit for the reader to mention the ongoing AXSANA trial that addresses many of the questions the authors are bringing up.

Reply 2: The AXSANA trial is mentioned on line 121.

Changes in the text: We have added a brief description of AXSANA trial in the text on page 4, line 117

Reviewer B

Comment 1:

It's been a delight reading your work, except the fact that, in general, too many abbreviations can be confusing to read. Your message would be easier to digest, if you would rephrase some of the sentences with many abbreviations. There are even three abbreviations, that you introduce/define, but never use again in the text (line 103: MARI, line 107: PST (Mari procedure) and line 136: LMICs). Please remove these. Line 103: please remove the parentheses around PET/CT.

Reply 1: Thank you for the comment

Change in the text: The abbreviations have been removed from line 107, and 136. We kept the abbreviation of the MARI procedure, as this is mainly the technique used by the authors and we believe it needs to be recognized by the acronym.

The parenthesis around PET/CT has been removed

Comment 2:

I'm confused about the title, that doesn't really correlate with the content of the text. It clearly states the author's opinion that one step procedures are better than two step procedures. However, this is not clearly reflected in the text, where you discuss the use of TAD, pros and cons with different types of marking

procedures, if marking should be done at all, arm morbidity after axillary procedures, etc... On line 56-57 you state that "it remains unclear whether one model is superior to the other...". Please change the title.

Reply 2: Thanks for the comment. You are completely right about line 56. We think that one step procedure is better as shown by the results of different studies, and the editorial for this Journal.

Change in the text: We have removed line 56 as it is not in agreement with the text.

Reviewer C

Comment 1:

The manuscript provides a comprehensive and timely overview of a pertinent topic. In today's rapidly evolving world regarding breast-cancer associated axillary surgery, it is essential to address the subjects the author has presented in the manuscript.

The author presents a well-written, well-structured and engaging text that also captures the reader's attention. The writing style is clear and concise. The author points out critical aspects that need to be addressed within TAD. By highlighting the key points, the review not only informs but also provokes thoughtful consideration and discussion.

In my opinion, the present manuscript does not require any revisions.

Reply 1: Thanks for your comments. We appreciate your review.