Peer Review File
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Reviewer A

Comment 1. In the introduction I would add a clear sentence that this is an editorial/ commentary and mention what paper will you be commenting on.
Reply 1: We have modified our text as advised in the introduction.
Changes in the text: In this editorial, we discuss the recently published study by Schaverien et al[1].

Comment 2. Please make sure the abbreviations are consistent.
Reply 2: We have modified our text as advised.

Comment 3. I would advise adding more details about the radiation planning on this study.
Reply 3: We have modified our text as advised by including additional details about radiation.
Changes in the text: In the study, patients assigned to the HF-RT group received 40.05 Gy in 15 fractions to the breast and 37.5 Gy in 15 fractions to the undissected axilla. For those assigned to the CF-RT group, 50 Gy in 25 fractions to the breast and 45 Gy in 25 fractions to the undissected axilla were used.

Reviewer B

This is a well-written commentary on the use of preoperative radiation therapy and the complexities in selecting patients for this approach. Please see my comments.

Comment 1) Line 30, page 2: Check spacing
Reply 1: We have modified our text as advised.

Comment 2) Line 35-36: The Schaverien and Thiruchelvam trials both primarily looked at surgical outcomes. While oncologic outcomes were collected in both trials, these were not secondary endpoints. The median follow-up in both trials was short. Therefore, I would state that this appears to be a surgically safe approach. I think it would also be helpful for the reader to understand the patient populations that were included in both studies: primarily N1 disease (lower volume), HR+/HER2 negative with fewer HER2+ and TNBC patients. Therefore, the outcomes may be different in patients with more advanced disease at diagnosis or with different breast cancer subtypes particularly when considering the extent of axillary lymph node surgery.
Reply 2: We have modified our text as advised.
Change in text: Combined, these two studies demonstrate the perioperative surgical safety of PreMRT followed by mastectomy and IBR.

Comment 3) Line 66, I believe this should be "Trial" rather than "trail)
Reply 3: We have modified our text as advised.

Comment 4) Line 83, should be "at long-term" rather than "a long-term"

Reply 4: We have modified our text as advised.

Comment 5) For the NSABP B-51 trial it would be helpful to include the median follow-up time.
Reply 5: We have modified our text as advised.
Change in text: … the recently presented findings of NSABP B51/RTOG 1304 demonstrate that at median follow-up of 59.5 months, there is no significant difference in the breast cancer recurrence-free interval,..

Comment 6) In the secondary analysis of the SWOG S1007 trial, the LRR rates in the mastectomy without RT group were low. However, it is important to note that approximately 80% of the mastectomy patients had an axillary lymph node dissection. So in the setting of de-escalation of axillary surgery, radiation therapy may be more important for LR disease control. Therefore, I would again highlight the details of the patient population.
Reply 6: We have modified our text as advised.
Change in text: Of note, in the SWOG 1007 study, among the 1724 patients who underwent mastectomy, 54.2% (n=934) received radiotherapy, of whom 81.1% had RNI and approximately 80% in both no PMRT and PMRT group underwent axillary lymph node dissection. Thus, the oncologic safety of omitting regional RT is currently being studied…

Reviewer C

Comment 1: I offer the following comments for the authors.
The article is interesting,the topic discussed is very interesting and topical, data collection and analysis have been adequately performed. But the manuscript can not be accepted because I think it is not the right Jurnal for this kind of paper. This study adds nothing new to what is already known and has a small study sample.
Reply 1: Thank you for the comment. This was an invited editorial highlighting the recently published study on pre-mastectomy radiation therapy.

Reviewer D

Comment 1: line 16 : IMRT?
Reply 1: We have modified our text to read ‘IBR’ – immediate breast reconstruction.
Change in text: underwent PreMRT followed by mastectomy and IBR 2-6 weeks after completing PreMRT

Comment 2: line 66 trial instead of trail
Reply 2: We have modified our text as advised.