

Article information: <https://dx.doi.org/10.21037/gs-22-179>

Reviewer A:

The paper from an MPC patient using preoperative chemotherapy method, trying to get a correct treatment of MPC, able to get good postoperative results, the patient no longer relapse.

Response: First of all, we would like to thank you for taking time and effort necessary for reviewing our manuscript. Please find our point-by-point responses to the Reviewer's comments below.

Comment 1:

The number of samples is really too small to get the right treatment plan.

Response 1:

We thank you for this comment. We agree with you that the number of samples is too small to get the right treatment plan for MPC. Unfortunately, we have no other cases of MPC. On the other hand, we have changed some sentences of the discussion section, as given below.

Conclusion section: (page: 10, lines: 14-16)

“To investigate the effectiveness of NAC in MPC, analysis of a large case series such as national registry data is useful and development of a new targeted therapy to MPC is warranted.”

Comment 2:

Postoperative pathological results not showed the detail lymph nodes information.

Response 2:

We would like to thank for pointing this out. We have added the pathological result of lymph nodes information to the revised manuscript, as given below.

Case history section: (page: 2, line:16-17; page: 6, lines: 14-15)

“There was no metastasis to the sentinel lymph nodes. “

Reviewer B:

The article is written in an interesting way. An important topic about triple negative cancer with its rare form. Correct treatment plan according to trends for patients with triple negative breast cancer.

Response: We would like to thank you for taking the time and effort necessary for reviewing our manuscript and providing us with these insightful comments. We are delighted to learn that you found our study to be interesting and have an important topic. Please find our point-by-point responses to your comments below.

Comment 1:

I think you should consider putting the subject about using capecitabine in patients in whom pCR was not achieved.

Response 1:

We would like to thank you for this suggestion and highlighting this important point that needs further description. We have added some sentences in the discussion section, as below.

Discussion section: (page: 7, lines: 3-5)

“Since a slight residual cancer was found, we considered to administer postoperative chemotherapy; capecitabine. However, it was not administered due to the patient’s preference.”

Reviewer C:

Many thanks for the opportunity to review this interesting case report entitled: "Matrix-producing carcinoma of the breast treated with preoperative chemotherapy: a case report" from Aki Kimura et al which describes a MPC of the breast which benefited significantly from chemotherapy in neoadjuvant setting.

Response: First of all, we would like to thank you for taking the time and effort necessary for reviewing our manuscript. We are delighted to learn that you found our study to be interesting. Please find our point-by-point responses to your comments below.

Comment 1:

Please include the discussion about not offering radiotherapy.

Response 1:

We would like to thank you for this suggestion and agree with you that the information on the radiotherapy would be informative to readers. We have added a sentence to the discussion section, as given below.

Discussion section: (page: 7, lines: 6-8)

“Radiation therapy was not performed because there was no metastasis to the lymph nodes.”

Comment 2:

Please consider clarifying what was the final size of the entire invasive component and also to include more information to support the endocrine treatment for the invasive ductal cancer - were hormonal receptors repeated on the surgical specimen?

Response 2:

We would like to thank you for this query and highlighting this point. We agree with you that the final size of the entire invasive carcinoma was important to decide the postoperative therapy. We have added some sentences to the discussion section, as given below.

Case history section: (page: 3, lines: 1-3; page: 6, lines: 17; page: 7, lines: 1-3)

“On the other hand, the residual tumor of the invasive ductal carcinoma was 0.7 cm. Endocrine therapy with oral tamoxifen was initiated for the invasive ductal carcinoma. “

“Regarding invasive ductal carcinoma, the residual tumor diameter of the infiltrated part was 0.7 cm. In both cases, the results of immunostaining for ER, PgR and HER2 in surgical specimen were the same as those of the needle biopsy specimen harvested before NAC. “

Comment 3:

Please include on the discussion more information to support why in the authors view this should have received neoadjuvant chemotherapy once in the paper all evidence presented tell the opposite - would authors believe a subset of these patients could benefit? there was the idea to indicate treatment to exterminate micro metastatic disease? should these type of tumours be discussed on MDTs before going straight to surgery?

Response 3:

We would like to thank you for the comment. We agree with you that additional chemotherapy should have been given due to a residual tumor. In addition, we suggest it is necessary to carefully consider this case with MDTs before treatment.

We have added some sentences to the discussion section, as given below.

Case history section: (page: 6, line1-7, page: 7, lines: 3-5)

“As a result of the multi-disciplinary team examination, although metaplastic carcinoma has a low sensitivity to chemotherapy, it had a nature of TNBC and neoadjuvant chemotherapy (NAC) would be useful for developing a postoperative treatment strategy. Furthermore, we could discontinue chemotherapy and go forward to surgery in case of tumor progression during NAC administration. We decided to administer NAC with the consent of the patient. “

“Since a slight residual cancer was found. we considered to administer postoperative oral chemotherapy; capecitabine. However, it was recommended but not administered due to the patient’s preference. “

We would like to thank Reviewers for their thoughtful and thorough review of our manuscript. Thanks to their comments and suggestions we believe that the manuscript is now greatly improved.