

Peer Review File

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Review Comments

Reviewer A

1. This manuscript provides an introductory-level overview of male breast cancer. It has the appropriate subheading to provide a comprehensive overview.

The authors are thankful for this comment. We believe the recent revisions and improvements to the manuscript have provided a comprehensive review of the literature in male breast cancer (MBC). We have added the most recent studies, and included 5+ sources for each point. The purpose of this manuscript is to inform readers about the different domains of stigma experienced by MBC patients, as well as the role of stigma as a barrier to care. Based on the recent improvements made to the manuscript, and the importance of discussing stigma in MBC, we respectfully request that you reconsider the suitability of this article for publication in the Annals of Palliative Medicine journal.

2. The manuscript would benefit from incorporating the latest literature. Many citations are approximately 20 years old. The understanding, knowledge, awareness, and general landscape of MBC have changed a lot.

The authors are very appreciative of the kind comments provided by the reviewer. In the most recent version of the manuscript, we have updated and replaced numerous sources with the most recent studies on MBC. Additionally, the search strategy is restricted to January 2005 to April 2024. By including newer sources, we were able to add several paragraphs to explore how the knowledge and awareness of MBC have changed in the past decade. An example of this change is seen in the following sentences:

“A study by Bootsma et al. (2020) conducted a survey(10)...This was also a theme in a qualitative study by Nguyen et al. (2020)...Contrarily, a qualitative study by Foà et al (2022).”

3. Many sections rely on one or two primary sources and, therefore, do not provide a comprehensive literature review.

The authors thank this reviewer for their comment on adding relevant primary sources. We have added several recent primary sources for each point made in the paper. We have been careful to

implement this feedback for all arguments made throughout the paper, each consisting of 5+ primary sources. Please find an example of this change in the short excerpt:

“A current meta-analysis by Rahman et al. determined that mammograms have achieved a 20% reduction in BC mortality in women (15). Another study by Tabar et al., over a 29 year period, the risk of mortality from BC decreased by 31% among FBC patients (16). However, Mittmann et al. conducted an investigation that determined mammograms are not cost-effective in women, even in the high-risk population (17)...This is seen in a retrospective study by Co et al. that surveyed 56 MBC patients, and determined that 67.8% of patients presented with lymph node metastasis at diagnosis, and 10.7% (6/56) of patients presented with distant metastasis (stage IV) at the time of diagnosis (11).”

4. Within the paper, there needs to be a clear demarcation of factors that are related to the individual (male diagnosed with breast cancer) and those related to the medical provider and system. These forces work together to create more significant barriers to men than women.

Thank you for this comment. We have thoroughly applied these changes to the manuscript, by restructuring the article to start by addressing how stigma is related to the medical provider, and how it is related to the individual patient. This is specifically seen in the subheadings “Lack of Awareness Among Healthcare Professionals” (focused on the medical provider) and “Feelings of Embarrassment” (focused on the individual). Moreover, in the next section “Stigma as a Barrier to Care”, it is explained how the stigma acts as a barrier to care, by leading to psychological distress and delayed diagnosis.

5. Tables in a review article should summarize multiple sources to give the reader an easy way to digest the information presented.

We are very thankful to the reviewer for this comment. We have added Table 2 to summarize the key findings of relevant studies on how stigma is exemplified in reference to the medical provider and the patient, and how this stigma acts as a barrier to care. Table 2 includes seven of our most relevant sources, with multiple additional studies mentioned in the text. We believe Table 2 provides a comprehensive overview of the supporting literature, and makes the information easy to read. By providing the date of the publication and the number of participants in their sample, it becomes much simpler to assess the recency and relevance of the source.

Reviewer B

1. I am not sure whether the journal intends to publish narrative reviews. The content is correct, but it does not provide any meaningful and in-depth insights.

We are very thankful for this comment. As per the webpage “Guidelines for Authors” Section 2.2.3 of Annals of Palliative Medicine, the journal accepts narrative reviews. By thoroughly applying the provided feedback, we have made major changes to the manuscript. This includes changing the structure so that it is easy to follow and coherent, adding more recent sources, and including 5+ sources for each point made. This paper was written to inform readers about the stigma experienced by MBC patients, its role as a barrier to care, and to guide future research to address this gap in care. We feel that this narrative review would be an excellent addition for the special series on breast cancer awareness. As a result of these changes, we respectfully request your re-consideration on the suitability of this article in Annals of Palliative Medicine.

2. It is not clear how the authors came up with the literature (e.g. search strategy, in- and exclusion criteria).

Thank you for your insightful comment. We have added a Methodology section to address the search strategy, also seen in Table 1. This section reflects the timeframe of the search, inclusion/exclusion criteria, search terms, databases, and the selection process.

3. And there are many different topics covered. I would suggest to focus on a specific question and providing the evidence in a systematic way.

Thank you for your comment about the focus of the research question. We have re-structured the article to ensure all included content is easy to follow and coherent. This is seen by first addressing how stigma is related to healthcare providers and male breast cancer (MBC) patients, followed by the role of stigma as a barrier to care, and finally explaining how stigma can be addressed in MBC care.

The authors also agree that providing the evidence in a systematic way would further strengthen the analysis. However, the rigorous design of systematic reviews is not a requirement for narrative reviews for the Annals of Palliative Medicine as per the webpage “Guidelines for Authors” Section 2.2.3. As a result, the rigorous design and methods of a systematic review were not utilized. The purpose of this narrative review is to summarize key areas of stigma experienced by MBC patients, and its role as a barrier to care, to highlight areas for further research in addressing this gap in care.