

## Peer Review File

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### Reviewer A

This is an interesting topic however I am not sure the sample is enough to make a definitive conclusion. As authors have also mentioned, the breast cancer is among the most prevalent cancers worldwide probably more patients could have included to increase the power. Although results are promising and would really help in decreasing the radiation burden to breast cancer diagnosed patients. The limitation of the chest spiral 3D UTE VIBE MRI in detecting smaller nodules and GGNs are rightly mentioned and will remain a hurdle in replacing CT with MRI. This limitation of study has been acknowledged and discussed in discussion part of manuscript. I suggest the authors to highlight the implication of this study findings for the clinicians who treat breast cancer patients. The manuscript was written well and easy to understand. Keep up the good work.

**Reply: Thank you for your comment.**

- 1) **Despite of considering the possibility of increasing sample size, this study was limited by its predefined timeline from February 2019 to July 2019. Thus, the included patient population was maximized within this timeframe.**
- 2) **We have revised our text to emphasize the implication of this study's findings for clinicians treating breast patients, in accordance with the reviewer's comment (see Page 15, line 285-286).**

### Reviewer B

1. Please include the source of the patients in the Methods section.

**Reply:** We included the source of the patients (Pusan National University Hospital) in the Methods section (See Page 6, Line 96-97).

2. Ref. 11 and ref. 25 are repeated. Please remove duplicate.

**Reply:** We removed reference 25 and rearranged the order.

3. Table 2, is “5 mm ≤ < 10 mm” should be “5 mm < 10 mm” ?

**Reply:** We modified “5 mm ≤ < 10 mm” to “≥ 5 mm and < 10 mm” using a more accurate symbol.

4. Please indicate how data are expressed in Table 2 in the table footnote.

**Reply:** We indicated in the footnote of Table 2 that Data are presented as numbers.