

Peer Review File

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Review Comments

This paper covers a very interesting topic for clinicians specializing in breast cancer. However, I believe there are some problems in publishing this paper.

1. Throughout the text, the notations of the terms “HER2” and “Her2” are mixed. These should be uniform as “HER2.”

Reply 1: we have modified our text as advised.

2. Line 54 of the Introduction: The full forms of the terms “DFS” and “BCSS” must be clarified before use.

Reply 2: we have modified our text as advised.

3. Line 81 of the Methods: The explanation for the definition of “luminal Her2” is insufficient (missing description).

Reply 3: we have modified our text as advised.

4. Lines 106–107 of the Results: The author writes, “In the entire group, the 5-year DFS and BCSS rate were 1631/78.1% and 1814/86.8%, respectively.” A figure that serves as the basis of this claim must be shown as a survival curve.

Reply 4: we have modified our text as advised, we added survival curves as figure1 showed.

5. Lines 110–111 of the Results: The author writes, “After adjusting for other prognosis factors, only the nodal involvement (N1, N2, N3) was associated with worse 5-year DFS and 5-year BCSS compared with the node negative group.” However, the multivariate analysis in Table 2–3 shows that the tumor size and Luminal-HER2 subtype are also significantly associated with worse 5-year DFS and 5-year BCSS. Please reconsider the results.

Reply 5: we have modified our text as advised.

6. Lines 110–111 of the Results: The author writes, “We observed that luminal A and TN subtype predicts a lower incidence of nodal...” However, we cannot conclude from Table 4 that the luminal A and TN subtype predict a lower incidence of nodal involvement. There must be a statistical evaluation. The same point can be argued for high-volume nodal involvement.

Reply 6: we have modified our text as advised.

7. Table 5 is missing. Therefore, the description on lines 122–128 of this paper's Results section cannot be evaluated.

Reply 7: we have supplemented Table 5 as advised.

8. References 20 and 21 are not cited in the Discussion.

Reply 8: we have modified our text as advised.

9. Lines 155–156 and 192 of the Discussion: The references are not cited correctly.

Reply 9: we have modified our text as advised.

10. There are typographical errors throughout the text, conferring an impression of low accuracy. I believe that there is a need for additional English proofreading.

Reply 10: we have modified our text as advised.

11. As the author mentions in the Discussion, information regarding adjuvant or neo-adjuvant treatments for the luminal A and HER2 subtype are essential in assessing the conclusion of this study. It is necessary to reconsider this further, after adding information of supplemental treatment to the Results section.

Reply 11: Thanks for your suggestion, however, we have to tell you that we failed to obtain the patient's treatment information.