

Peer Review File

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Reviewer A

The present manuscript entitled “Clinical features and prognostic factors of male breast cancer vs 1 female breast cancer” is a comparative observational study between male breast cancer and female breast cancer. Authors report that “The results of this study showed that T stage, TNM stage, endocrine therapy are significant prognostic factors for MBC and FBC”, which is consistent with previous findings. Authors also quote “Previous studies show that the incidence of MBC is usually 5 to 10 years later than FBC and peaks around 68-71 years old, and MBC patients often have more underlying diseases (32, 33) and family history of BC (34). These are consistent with our results.”

The authors conclude that male breast cancer has distinct features compared to female breast cancer with older on-set age, higher luminal breast cancer cases and higher comorbidities. Male breast cancer has low OSR and DFSR compared to female breast cancer.

I have the following queries.

Comment 1: Typo error in line 21.

Reply 1: Corrected, thanks. (see page 2, line 38-39, red highlighted).

Comment 2: The material and methods section is confusing. It will be very helpful if the authors clearly state which kind of samples were used in this retrospective analysis. Was tissue sections used in this study?

Reply 2: Yes, tissues obtained from both biopsy or surgical process were used for pathological analysis of cancer (see page 4, line 79-80, red highlighted).

Comment 3: Authors quote “This study was approved by the Ethic Committee of xx University and written informed consent was obtained from every participant.” What is the xx University?

Where is this University located? What do the authors mean by “Ethic Committee”, is this University Ethics Committee or Department Ethics Committee? Kindly provide detailed address of the University.

Reply 3: Since this is a blinded review of manuscript, the name of specific institution is removed for this purpose per journal’s review policy. After consulting with the journal editor, the information is added in the revised paper. (see page 4, line 84-85, red highlighted).

Comment 4: Kindly provide the catalog numbers of the antibodies used in this study.

Reply 4. We have added the cat no. in the revised paper. (see page 5, line 90-93, red highlighted).

Comment 5: Authors quote “Compared with females, the percentages of male patients with one-set time \geq 70 years old”, What do the mean emphasize by saying “one-set time”?

Reply 5. Sorry, one-set time is a typo. It should read onset time. We have revised this (see page 5, line 90-93, red highlighted).

Reviewer B

This is an important study that assessed the clinical features and prognostic factors of male breast cancer (MBC) and female breast cancer (FBC) patients. This study would contribute to recognizing differences between MBC and FBC. However, I have several concerns, as indicated below, which need to be addressed by the author to improve the quality of this article.

Comment 1: Although the author assessed the performance rate of endocrine therapy and chemotherapy, the performance of these therapies should be affected by several clinicopathological features. Therefore, I recommend that the author analyze the performance of endocrine therapy and chemotherapy after focusing on candidate patients (i.e. TNM stage, ER/PgR status) to clarify practical differences between MBC and FBC.

Reply 1. Thanks for the suggestion. We have performed this assessment and the results are added into the revised papers (see page 9, line 193-999, red highlighted).

Comment 2: The author showed the survival rate of all stage MBC, compared to all stage FBC. However, I suppose that the prognosis and treatment aim is different between stage I-III and stage IV patients. And these differences would affect survival rate and chemotherapy contribution to the prognosis of MBC and FBC because MBC group contained a larger number of stage IV patients. Therefore, I suggest that the author conduct survival analyses after separating stage I-III and stage IV to show prognostic factors of MBC and FBC more clearly.

Reply 2. Thanks for the suggestion. We have performed this assessment and the results are added into the revised papers. Due to sample size, further subgroup is not statistically meaningful. (see page 9, line 193-999, red highlighted).