

## Peer Review File

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### Responses to the comments of Reviewer A

**Comment 1:** Introduction line 5, change "confirmed to be feasible for" to "suggested for", since as the authors mention themselves the FNR of SLNB is rather high and there is no data on the oncologic safety of SLNB in this patient population.

**Reply 1:** Thanks for your valuable comments. "Confirmed to be feasible for" is inappropriate in this sentence because SLNB is not verified to be a safe way for cN+ patients. "Suggest for" is more rigorous than "confirmed to be feasible for".

**Changes in the text:** The word "confirmed to be feasible for" has been replaced by "suggested for" (Page 3 Line 5-6).

**Comment 2:** Introduction line 14/15, do you mean achieve instead of receive? The same applies to line 17. Please adjust accordingly.

**Reply 2:** Thanks for your comment. In these 2 sentences, we actually mean "achieve" ypN0, not "receive" ypN0. Thanks for your carefulness.

**Changes in the text:** The word "receive" has been replaced by "achieve" in the both sentences (Page 3 Line 18 and 21).

**Comment 3:** For the introduction, I would suggest to mention that the consequence of a false negative result is the potential undertreatment of patients with residual disease.

Therefore, optimal patient selection is so important (not only to avoid ALND in case of pCR, but also to guide adjuvant treatment in case of residual disease).

**Reply 3:** Thanks for your advice. We missed to mention the probable consequence of false negative cases. At your suggestion, we have added this point in our revised manuscript.

**Changes in the text:** We added this point in the text as “For the false negative cases with residual disease, patients may receive inadequate treatment. Therefore, optimal patient selection is of great importance not only to avoid unnecessary ALND, but also to guide adjuvant treatment after surgery.” (Page 3 Line 13-16).

**Comment 4:** In the methods section it is referred to xx hospital, why isn't the hospital name written?

**Reply 4:** Thanks for your suggestion. We did write the name of hospital in our manuscript. However, the name had probably been hidden by the magazine in the version sent to you, maybe for the convenient of reviewing. Thank you all the same for your carefulness.

**Changes in the text:** No change (Page 4 Line 4-5).

**Comment 5:** Please explain the definition of pCR in the methods (does this include isolated tumor cells or not).

**Reply 5:** Thanks for your suggestion. The definition of pCR in our text is no residual tumor cells (including isolated tumor cells) in the primary breast and axillary lymph

node specimens by pathological examination.

**Changes in the text:** We added the definition of pCR in the methods as “Pathologic complete response (pCR) refers to no residual tumor cells (including isolated tumor cells) in the primary breast and axillary lymph node specimens by pathological examination.” (Page 5 Line 7-9).

**Comment 6:** Pg 4 line 8: it is written that pathological tumor size is assessed by MRI, I guess this is a mistake? Could you correct this?

**Reply 6:** Thanks for your comment. We feel sorry that we didn’t explain it clearly. The pathological tumor size was measured by the tumor size in pathological examination. However, in this sentence we actually want to say the pathological tumor “response”, which means the change of the tumor size, and it was measured by comparing the preoperative imaging size with the postoperative pathological size. We have modified our text with a more precise expression.

**Changes in the text:** The sentence has been revised as “Pathological tumor response was assessed by comparing the preoperative imaging size with the postoperative pathological size” (Page 5 Line 1-2).

**Comment 7:** Regarding Analysis of ypN0 predictors, please clarify whether the clinical tumor response refers solely to the breast response or to the axilla response (or both?), this is now unclear.

**Reply 7:** Thanks for your suggestion. In our text, the clinical tumor response refers

solely to the breast response. We want to analyze whether the response of breast tumor can be a predictor of axillary tumor pathologic complete response (ypN0), so the axilla response is not included.

**Changes in the text:** To make it clear, we replaced “tumor response” with “breast tumor response” in the methods. (Page 5 Line 16-18), table 2 and table 3.

**Comment 8:** Regarding discussion: please clearly state that the SOUND trial includes cN0 patients.

**Reply 8:** Thanks for your suggestion. We will make a clear statement of the SOUND trial. The SOUND trial only includes patients with negative preoperative axillary assessment (cN0) disease. We can expect that if this trial can reach a positive result, it will be a foundation to the future study for cN+ patients to avoid axillary surgery.

**Changes in the text:** We have stated in the discussion that The SOUND trial includes cN0 patients (Page 14 Line 14-15).

**Comment 9:** Regarding Table 2: it would be useful to include the numbers of the whole cohort as well (to easily see the differences between the ypN0 and ypN+ groups)

**Reply 9:** Thanks for your advice. The numbers of the whole cohort are meaningful. We have added a column for the total number in table 2.

**Changes in the text:** A new column “total (n)” was added in table 2.

**Comment 10:** Regarding Table 4: I don't understand the numbers in Table 4 in relation

to the text in the discussion, in the discussion it is written that patients with 10 points have a chance of 100% to have ypN0, but I can't find these numbers in the table. Could you explain/clarify this?

**Reply 10:** Thanks for your valuable comment. We are so sorry that we made a wrong statement here. It should be “Patients with total points of 15 have a chance of 100% to have ypN0”. In our study, only 2 patients reached full “total score” of 15, but both “total score” of 14 and 15 were modified to “model score” of 10. In table 2, the data of total score of 14 (13/18) and 15 (2/2) were merged (15/20) so it didn't show the more detailed number.

**Changes in the text:** We have revised “patients with 10 points” as “patients with total point of 15” (Page 14 Line 11, 17).

### **Responses to the comments of Reviewer B**

**Comment 1:** Introduction, line 5, please replace dysmoxia with dyskinesia.

**Reply 1:** Thanks for your encouraging remarks and valuable comments. The word “dysmoxia” has been replaced by “dyskinesia”

**Changes in the text:** The word “dysmoxia” has been replaced by “dyskinesia” (Page 3 Line 5).

**Comment 2:** Discussion, page 8, line 7, none of them "were".

**Reply 2:** Thanks for your valuable comments. We made a grammar mistake here, we

have changed none of them "was" to none of them "were".

**Changes in the text:** "was" has been replaced by "were" (Page 13 Line 23).