Peer Review File

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Reviewer Comments

Reviewer A

Comment 1: The authors present a case as we see fairly often; the reported results are not very special nor new to be published in TBCR. A 60-year-old patient presents with locally advanced breast cancer, ER-pos HER2 neg, and received NACT, surgery, radiotherapy, and adjuvant letrozole. After a short period, she presents with primary resistant endocrine disease (liver mets) that 12m responds to Ful + Abema. Indeed, this is a Monarch2 patient.

Reply 1: Thank you for your comments. The patient in this case was indeed similar to those included in the Monarch2 study. However, as a locally advanced patient in China who progressed after neoadjuvant chemotherapy, surgery, and adjuvant endocrine therapy, the treatment of this patient involves many key clinical treatment decisions that require careful consideration. The case demonstrated the efficacy and safety of CDK4/6 inhibitors from a real-world perspective and summarized the progress of HR-positive, HER-2 negative patients' therapy over the past years. Therefore, I think it is necessary to discuss this case in order to help select a precise regimen from many drugs in a clinical context.

Reviewer B

Comment 1: line 102 please correct the typos: "chemotherapy" instead of chemotherapy.

- Please expand the discussion by citing the following metanalysis and discussing the content properly:

- Messina C, Cattrini C, Buzzatti G, Cerbone L, Zanardi E, Messina M, Boccardo F. CDK4/6 inhibitors in advanced hormone receptor-positive/HER2-negative breast cancer: a systematic review and meta-analysis of randomized trials. Breast Cancer Res Treat. 2018 Nov;172(1):9-21.

- Messina C, Messina M, Zanardi E. Risks and benefits from CDK inhibitors for advanced HR+ Her 2- breast cancer. Ann Oncol. 2017 Dec 1;28(12):3099-3100.

Reply 1: Thank you for your comments. The spelling error on line 102 has been corrected in red. The two meta-analyses listed above are referenced and discussed in line [112-116] and line [118-119].

(By integrating the relevant clinical trials, two meta-analyses[13,14] found that CDKi combined with endocrine therapy significantly improved PFS in advanced/metastatic HR+/Her2- breast cancer patients, despite an increased occurrence of G3-G4 adverse events. They also suggested that combined CDKi improved patient survival regardless of menopausal status, site of metastatic, and endocrine resistance type.....However, in patient-specific treatment decisions, the benefits and risks of increased CDKi therapy need to be considered.)