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Reviewer Comments

Comment 1: In the manuscript entitled "A Case Report of low-dose Apatinib in the treatment of Advanced Triple-negative breast cancer," the authors describe a patient with triple-negative breast cancer with multiple metastases. Behind the clinical case description, Authors need to consider some things to broaden and finalize their topic. **Reply 1**: Research shows that apatinib has anti-tumor activity in some solid tumors, including non-small cell lung cancer and breast cancer, and has good tolerance in previous research. In a multicenter phase II study, the efficacy and safety of apatinib were also evaluated in patients with metastatic TNBC after multi-line treatment. However, there are even fewer cases of long-term benefits from the single drug apatinib, and this patient is a newly enrolled clinical study case with a relatively new treatment. Therefore, this topic was determined, hoping to provide a reference for the treatment selection of triple-negative metastatic breast cancer in the future.

Comment 2: They must widen the introduction. The authors wrote just short sentences; instead, they have to argue better, e.g., "Anti-angiogenesis is an important anti-cancer strategy," with one reference to 2005. There are many papers about angiogenesis and TNBC that need citing: (https://doi.org/10.3389/fonc.2022.998274; https://doi.org/10.3390/biomedicines9121789 ..)

-The authors state that "Apatinib is a new generation of small molecule tyrosine kinase inhibitors, which can highly selectively inhibit the phosphorylation of vascular endothelial growth factor receptor 2 (VEGFR-2)" But it is well known that apatinib can inhibit multiple tumor-related kinases see for example this paper: https://doi.org/10.3390/cancers14102492. The authors should discuss this part better.

-How did the authors decide the amount of the low dose of apatinib at 425mg when another study, for instance, the one mentioned before on metastatic colon cancer, used 250mg as a low dose of apatinib?

Reply 2: There have been studies on the efficacy and safety of apatinib in patients with metastatic TNBC after multi-line treatment, but the long-term benefits of single-drug apatinib are even less common, especially in cases treated with low-dose apatinib. This patient was enrolled in clinical research and was subsequently reduced due to poor tolerance, which was not the dose set by the physician. However, the low-dose treatment of this patient has inspired us, Perhaps low-dose apatinib can be the treatment choice for some triple-negative metastatic breast cancer.