

## Peer Review File

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### Reviewer comments

Comment 1: Checklist submitted is incomplete, please complete the checklist.

Reply 1: Thank you for bringing this to our attention. Please see a completed checklist attached.

Changes in the text: Please see attached CARES checklist that is completed.

Comment 2: Abstract and manuscript are well written, descriptive and concise.

Reply 2: Thank you for your kind comment.

Changes in the text: N/A

Comment 3: Page 3, Highlight box- remove periods following bullet points

Reply 3: Thank you for your detailed review of this manuscript. The periods have been removed from the highlight box.

Changes in the text: Page 3, line 55- the highlight box has periods at the ends of bullet points deleted.

Comment 4: Page 3, line 49- suggest including a comment regarding follow up interval without recurrence

Reply 4: Thank you for this suggestion to clarify the follow-up interval in the introduction of the case report. We have modified the text as advised.

Changes in the text: Page 3, lines 70-72. We have added a sentence "After one year of follow-up, he has no evidence of recurrence on physical examination, and will continue to follow-up annually."

Comment 5: Page 3, line 60- suggest specifying "posterior" acoustic shadowing per BI-RADS lexicon

Reply 5: Thank you for this suggestion to specify the type of acoustic shadowing.

Changes in the text: Page 4, Line 93. We added "posterior" to the text, which now says "mild posterior acoustic shadowing."

Comment 6: Page 3, line 59- suggest including what the conclusion was for the left breast, was the diffuse focal asymmetry diagnosed as gynecomastia? Also suggest rewording to global asymmetry if the finding was diffuse per BI-RADS lexicon and suggest including a figure depicting this as well for comprehensiveness.

Reply 6: Thank you for your suggestion to specify the asymmetry in the breast and to standardize using BI-RADS lexicon.

Changes in the text: Page 4, lines 91 the word "global" to describe the asymmetry on the left breast and "consistent with benign gynecomastia" was added to the text. The left breast mammographic image was added to Figure 1a.

Comment 7: Page 3, line 61- Include overall BI-RADS assessment (e.g., BI-RADS 4,

suspicious for malignancy (if appropriate) and recommendation made from imaging report (e.g., for biopsy).

Reply 7: Thank you for the suggestion to clarify the overall BI-RADS assessment to make it clearer to the reader the suspicion of malignancy.

Changes in the text: Page 4, lines 94-96. A sentence was added to the text, “Due to the findings on the right, the final assessment was BIRADS-4, suspicious abnormality, for which a biopsy was recommended. He was referred to the nurse navigator for surgical consultation and a biopsy.”

Comment 8: Page 4, line 70- suggest including what the margin excised around the lesion was, was any of the benign lesion present on the margin that could indicate risk for recurrence?

Reply 8: Thank you for your suggestion to include the margin around the lesion. This was not originally included because the granular cell tumor was found to be completely excised on core needle biopsy when the excisional biopsy pathology was reviewed. There was, however, a 0.6 cm mass that may have corresponded to the mass found to be a granuloma seen on mammogram on ultrasound, and we have included this margin assessment in the text.

Changes in the text: Page 4, lines 105-110. The sentence “The specimen contained a 0.6 x 0.5 x 0.4 cm white firm irregular markedly ill-defined possible mass located 0.4 cm from the medial margin, 0.5 cm from the lateral margin, 1.2 cm from the posterior margin, 1.9 cm from the anterior margin, and 1.3 cm from the inferior margin. Anterior to the mass was a 0.5 x 0.5 x 0.4 cm well-circumscribed ovoid cystic cavity grossly consistent with a biopsy cavity containing the coiled biopsy clip.” was added to the text.

Comment 9: Page 4, line 91- were findings indeterminate for malignancy or suspicious for malignancy? Based on BI-RADS lexicon for breast imaging, indeterminate is not part of the lexicon

Reply 9: Thank you for your comment to include BI-RADS lexicon. The lesion was suspicious for malignancy.

Changes in text: As stated above in comment 7, changes to the text on Page 4, lines 94-96 were made: ““Due to the findings on the right, the final assessment was BIRADS-4, suspicious abnormality, for which a biopsy was recommended. He was referred to the nurse navigator for surgical consultation and a biopsy.”

## Figures

Comment 10: Fig 1 legend- A) suggest to include specific mammography view, craniocaudal (CC) vs mediolateral oblique (MLO), and consider additionally including an image of the MLO view if the finding was seen on both views. In the legend for A, suggest also including lateral breast as a descriptor for location. B) Suggest including axis and distance from nipple and that this corresponds to the mammography finding in the lateral breast. Additionally suggest including round and hypoechoic as descriptors of the mass as well as the BI-RADS category.

Reply 10: Thank you for these suggestions to include more views and more descriptions in the captions, which helps the reader quickly see and interpret the figures.

Changes to the text: Page 8, lines 324-331. The caption has been updated and figures have been added.