Peer Review File

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Reviewer A

This manuscript reported a case of recurrent giant borderline phyllodes tumor (PT). The authors concluded that the current recommendation that PTs should be extensively resected regardless of tumor grade and size might be revised. However, in this case report, the tumor margin was not mentioned at all. In addition, according to the reported patient medical history, the current giant borderline PT is most likely a recurrence from her previous resected benign PT. The previous surgery margin status is not mentioned in this report. This is no evidence from this report to against the surgical guideline regarding to the margin status. Although PT is not common in breast, it is not that rare either. There is no sufficient new findings or implications in this case report.

In addition, this manuscript was not that well-written. There are many informal words and mistakes, for example:

Comment 1: 1. There should be a space in between two sentences.
Reply 1: We have modified our text as advised.

Comment 2: Line 29: “The tumor was >10.5 × 7.0 cm”. The authors should use “greater than” instead of “>”
Reply 2: We have modified our text as advised (see Page 2, line 29)
Changes in the text: The tumor was greater than 10.5 × 7.0 cm.

Comment 3: Line 29: “Jan 2014”; line 30: “Dec 2018”; Line 69: “Oct. 2020”, et al. The authors should use full spelling of the month.
Reply 3: We have modified our text as advised (see Page 2, line 30; see Page 5, line 70;)
Changes in the text: January 2014; December 2018; October 2020

Comment 4: Line 73: “but had history of a giant phyllodes tumor in her left breast” is reductant.
Reply 4: We have modified our text as advised (see Page 5, line 78)
Changes in the text: We deleted this sentence.

Comment 5: Line 96: “The surgery was well tolerated the without any significant complications”.

Reply 5: We have modified our text as advised (see Page 6, line 101)
Changes in the text: The patient tolerated the surgery well and without any complications.

Comment 6: Line 99: “mild-midrange”
Reply 6: We have modified our text as advised (see Page 6, line 104)
Changes in the text: mild to moderate

Comment 7: Line 100: “only a few mitotic figures”. The authors should give the number of mitotic count.
Reply 7: We have modified our text as advised (see Page 6, line 104-105)
Changes in the text: 5/10 HPFs mitotic activity

Comment 8: Line 143: “Borderline PTs are characterized by microscopic tumor invasion, focal stromal hyperplasia, moderate stromal cells, moderate stromal cell atypia, and rare malignant heterologous components”. PT with any malignant heterologous, except the well differentiated liposarcoma, element should be classified as malignant PT.
Reply 8: We have modified our text as advised (see Page 8, line 149-151)
Changes in the text: Borderline PTs are characterized by microscopic tumor invasion, focal stromal hyperplasia, moderate stromal cells, moderate stromal cell atypia, and no malignant heterologous components.

Comment 9: Line 145: “Malignant PTs show marginal infiltration, stromal overgrowth, significant atypia of stromal cells, and less than 10/10HPF mitosis”. It should be “greater than”.
Reply 9: We have modified our text as advised (see Page 8, line 151)
Changes in the text: Malignant PTs show marginal infiltration, stromal overgrowth, significant atypia of stromal cells, and greater than 10/10HPF mitosis

Reviewer B

The authors describe a patient with a giant borderline phyllodes tumor who had a mastectomy and remained without recurrence at 24 months. The then make the conclusion that the current recommendation that PTs should be extensively resected regardless of tumor grade and size should be revised.

Comment 1: The text should be extensively edited for the English language

Reply 1: We have modified our text as advised.

Comment 2: The margin achieved in this particular patient is not discussed. Unless this was missed, I'm not certain why the authors chose this conclusion as it doesn't seem to relate to this case. It is indeed increasingly noted in the literature that margins are not needed to be as wide as previously thought. Thus the novelty of this conclusion and relevance to this case is uncertain.

Reply 2: We have modified our text as advised (see Page 8-9, line 154-163)

Changes in the text: However, our patient had multiple phyllodes tumors. Bilateral breast mass resection (outer lower quadrant of left breast, measured 5.4×4.4cm; upper outer quadrant of right breast, measured 2.2×1.5cm) was performed in 2014. Postoperative pathology showed benign PTs of both breasts without margins status. Among them, the small tumor in the right breast did not recur after resection. In June 2018, 4 years and 4 months after surgery, a dove egg-sized tumor was found on the outer lower quadrant of the left breast, which increased to 10.0*8.0cm in half a year. The tumor was considered to be a local recurrence of left breast phyllodes tumor, and left breast lumpectomy was performed. Intraoperative frozen pathology showed left breast fibroepithelial tumor, and the postoperative pathology was benign phyllodes tumor. Six months after that, an egg-sized mass was found on the outside of the left breast, which gradually increased to 15cm in diameter.

Comment 3: NCCN guidelines recommend wide margin for borderline and malignant phyllodes, not any phyllodes tumor irrespective of tumor grade and size as authors mention.

Reply 3: We have modified our text as advised (see Page 10, line 185)

Changes in the text: Based on retrospective data, current guidelines recommend extensive local excision (≥1cm margin) for malignant or borderline PTs and excisional biopsy for benign PTs, regardless of tumor size.

Comment 4: The patient did have a previous left phyllodes tumor in 2014 and now this left one in 2018. It is not disclosed the location of that initial tumor and if there is a possibility that it actually could be a local recurrence of the 2014 tumor and not a new primary.

Reply 4: We have modified our text as advised (see Page 5, line 71-78)

Changes in the text: She had a bilateral breast lumpectomy (outer lower quadrant of left breast, measured 5.4×4.4cm; upper outer quadrant of right breast, measured 2.2×1.5cm) under local anesthesia in January 2014 and a giant left breast tumor excision (outer lower quadrant of left breast, measured 10.4×5.5cm) under local anesthesia in December 2018. Intraoperative frozen pathology showed fibroadenoma of both breasts,

postoperative pathology was benign phyllodes tumor without margin status in January 2014. And intraoperative frozen pathology showed left breast fibroepithelial tumor, the postoperative pathology was left breast benign phyllodes tumor without margin evaluation in December 2018.

Comment 5: The real novelty in this case may be that the patient had multiple phyllodes tumors. That is more unusual than having a giant phyllodes tumor, resected with mastectomy and then not recur.
Reply 5: We have modified our text as advised (see Page 8, line 154-157)
Changes in the text: However, our patient had multiple phyllodes tumors. Bilateral breast mass resection (outer lower quadrant of left breast, measured 5.4×4.4cm; upper outer quadrant of right breast, measured 2.2×1.5cm) was performed in 2014. Postoperative pathology showed benign PTs of both breasts without margins status. Among them, the small tumor in the right breast did not recur after resection.

Reviewer C

Case report for giant recurrent PT.
Case is well documented, with clinical history, image figures and anatomophatological findings.
English is ok. Structure is adequate for a case report.
This case report illustrated and actual controversy in medical literature about the real necessity of margins in PT treatment, so I think it will contribute to medical literature
Reply: Thank you.