Reviewer's report

Title: Metachronous isolated breast metastasis from pulmonary adenocarcinoma with micropapillary component causing diagnostic challenges

Version: 2 Date: 27 August 2014

Reviewer: Jeffrey Fine

Reviewer's report:

I liked the paper, it's well written and short, and it addresses an issue that I have encountered in the past (breast tumor that turns out to be metastatic).

Major compulsory revision--
I think the biggest contribution this paper will have for clinical practice is mention or discussion of how one might recognize this situation and avoid inadvertently diagnosing a metastasis as a primary breast tumor.

Therefore, please add a couple paragraphs that discuss in better detail how such a lesion might be suspected if it arises--not only by the pathologist but by radiologists, surgeons, and other oncologists. There is brief mention about careful history, which is important. But to me, the most common clue is the combination of an ER/PR negative breast tumor without an in situ component.

Especially high grade tumors without an in situ component (sometimes ER/PR positive GYNE tumors can show up in the breast).

So the recommendation would be for a surgeon or radiologist who receives such a diagnosis (ER/PR negative tumor without mention of an in situ component)--they can ask the pathologist about in situ disease, they can look for previously diagnosed tumor history (and request pathology comparison), etc.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests