Reviewer’s report

**Title:** Development of anthracycline-induced dilated cardiomyopathy due to mutation on LMNA gene in a breast cancer patient: a case report

**Version:** 0  **Date:** 15 Apr 2019

**Reviewer:** Zofia Bilinska

**Reviewer's report:**

Chichaco-Kuruc et al. presented a short report on familial DCM related to very known mutation R190W LMNA. The disease in the proband manifested 2 years after anthracycline treatment of breast cancer. Authors were right to conclude that chemotherapy could accelerate the onset of symptoms in the proband.

From the scarce presented data, we can learn that the proband's brother presented with cardiomyopathy with significant left ventricular dilatation that is unusual in cardiolaminopathies. Therefore it would be nice to learn what was the size of the left ventricle in the proband in the beginning and with the treatment, whether any sera' biomarkers were elevated, e.g. Nt-proBNP, hs TnT. Did the patients have Holter 24h ECG recording and any arrhythmia, advanced conduction system disease was detected (a hallmark of cardiolaminopathy).

Authors are also encouraged to read other earlier papers (e.g. Sylvius et al. J Med Genet 2005;42:639-647) on the R190W LMNA and comment on the course of the disease in other families from the literature.

The names of genes LMNA, MYH7, TTN should be written in italic

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
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No
Are the conclusions drawn adequately supported by the data shown?
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