Reviewer's report

Title: Targeting and Limiting Surgery for Patients with Node-Positive Breast Cancer

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Reviewer: Tara Breslin

Reviewer's report:

This manuscript is an excellent summary of a complex topic. The authors concisely review the literature as it relates to axillary management for patients with breast cancer and positive axillary lymph nodes in settings with and without neoadjuvant chemotherapy. Overall, the paper is well written, several suggestions for wording are included below. Several of the studies have quite complex schema. The trials might be nicely organized in table format in order to help the reader compare and contrast the key features of each study.

MINOR ESSENTIAL REVISIONS:

1. Page 6, P1. “In one study from our institution, the SLN identification rate…”
I would recommend referring to the institution by name.

2. Page 7, P1. “While only 21.1% (67/317) of patients with hormone-positive patients achieved a nodal pCR, 49.4% (84/170) of triple negative patients and 64.7% (134/207) HER2 positive patients had nodal conversion.”
I would recommend changing the wording to patients with hormone receptor positive disease…patients with triple negative disease… and those with Her-2 amplified disease…

3. Page 8. The description of the SENTINA study is difficult to follow. It would be helpful if the study group names (A, B, C, D) were used throughout this section to indicate which subset is being discussed. In three separate sentences, the authors note that biopsy confirmation of nodal metastasis was not required for study participation. In a separate sentence, the authors describe sentinel node biopsy findings for 142 patients with biopsy confirmed nodal metastasis. Presumably, pre treatment axillary lymph node biopsy was allowed but not required for study participation. A figure might be helpful to organize the schema and findings from this complex trial.

4. Page 10. “In order to localize the clipped node, patients have an I125 seed placed in the clipped node under ultrasound guidance 1-5 days before surgery, similar to our technique for breast primary tumor localization using I125 seeds.” I would recommend, changing the sentence to read “…similarly to the technique described by XXX Author, et al for breast primary tumor localization…”

5. Page II, at the end of the page. “One such trial, NSABP-51/RTOG 1304, is currently
enrolling biopsy proven node positive (N1) patients who undergo NCT and have no residual nodal"

I would recommend changing this sentence to “…enrolling patients with biopsy proven N1 disease who undergo…” There are multiple examples of this terminology throughout the paper, and the manuscript should be reviewed thoroughly to standardize descriptions of patients and their disease states.

**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 which limit my ability to review this manuscript.