Reviewer’s report

Title: Rare variant of metaplastic carcinoma of the breast: a case report and literature review

Version: 0 Date: 20 Oct 2017

Reviewer: Linda Metaxa

Reviewer’s report:

Dear Author,

Thank you for your manuscript. I have read it with great interest but I have some queries, concerning the diagnostic approach and the treatment.

I have included my comments and my recommendations for spelling corrections in the following review:

Page 2

Lines

4: M.khouchani needs capital the letter of the Surname

27: spelling mistake auteur -> author

22: soumani: the first letter needs capital

16-17, 30: ALAOUI MHAMDI -> please replace the capitals with small letters, except the first of each word

43: of 53 years Moroccan woman's -> of a 53 years old Moroccan woman.

44: of a nodule of the left breast-> of a nodule in the left breast

46: ACR 3-> replace with BI-RADS 3

49: Instead, "piece of mastectomy" I would suggest to use the "surgical specimen"

50: was found -> were found

50: Comment- Please specify the type of surgery including the lymph node clearance, and that no endocrine treatment or chemotherapy was administered

Page 3:
Lines

9: 0,1% -> 0.1%

29: of 5cm -> better to use "measuring 5cm"

29: use capital for the first letter of "there"

29: instead of inflammatory involvement, it is better to use inflammatory signs

31: ACR 3 -> BI-RADS 3.

34-35: Comment- please provide us with the US classifications as well.

The way you describe the lesions, it sounds more like a BI-RADS 4 lesion instead of BI-RADS 3.

35: the figure 1 corresponds to the mammogram and not to the US. So it is better to move it to the line 31

30-35: Comment- What is the radiological differential diagnosis? Have you accessed the axilla with US? Did the patient have previous screening imaging (as she is 53)?

35: trucut biopsy: Comment- please provide us information about the procedure (needle size, method eg US guided, stereotactic etc). In addition, I don't understand the use of the word "realized" (it is better to use "performed").

36: instead of found, it is better to use the word "revealed"

38-42: Comment- Please provide us information about the Estrogen, and HER2+ results of the biopsy (is it the same as the final results of the surgical specimen?) This is important for the planning the treatment (eg neo-adjuvant)

42: Comment- axillary node dissection: I saw that you removed 15 lymph nodes (line 48) that all where negative instead of a sentinel node excision. Can you explain why?

46: limit- remove with margin

46: 0,2 -> 0.2

50: please add the word "and" before the word "moderate"
1: pT3N0M0. -> remove the full stop. Also, can you provide us with the AJCC 7th edition reference?

2: The female had benefited radiation therapy -> better to replace with: "Radiation therapy was followed with a total dose of 50 Gy"

14-15: "Among these lesions, the spindle cell carcinoma (SCC), which is a special subtype of breast carcinoma" -> remove "which"

20: add references

21-22: "a few cases" -> remove the "a"

23: please provide the reference

25: "A study" -> please add the reference (better to mention the Author and what demonstrated in his paper

28: in what modality the lesion looks like the way you describe? Mammogram, US?

28: classified -> replace with "classified as"

29: instead of ACR better use "BI-RADS 4 or 5"

30: "a nodular" -> replace with "a nodule"

31: ACR -> replace with "Bi-RADS"

31-32: Comment- based on the morphological features the lesion is BIRADS 4 (not 3 as you mentioned) and that is why it needs biopsy. The ACR recommendations for a BIRADS 3 lesion is 6 months follow for 2 years.

34: replace prognostic with prognosis

37: "SCC less likely to have lymph node" -> add the "is" as follow: "SCC is less"

38: remove the word "conventional". Maybe you could use the "common subtypes of"

40: and -> replace with "or", was -> replace with "were"

53: has -> replace with "have"
7: Histopathologically, is difficult -> Histopathologically, it is difficult

29: add reference for the multi-international study

37: its -> it

44-45: reference

46: can -> could

49: remove: "it"

51: add space: "that10-year" between the word that and 10

54: dose -> those

58-60: Comment- can you explain the terms: simple mastectomy, radical mastectomy and modified radical mastectomy? Also, what is the % of the better results?

Page 6

Lines

0: decide- > decided

2-3: please add reference

Comment- In this line, you mentioned that sentinel node biopsy is needed for staging. However, in your case you removed 15 lymph nodes. Can you explain why?

6: are -> is

6: some authors: please add references

15: case -> please replace with "patient"

16: target -> targeted

17-18: "are have significantly improved progression-free survival and overall survival in patients with breast cancer" -> replace with "have significantly improved the progression-free survival and the overall survival in patients with breast cancer"

19: target -> targeted

35: please add the reference 31 before "However"
43: "a very case of SCC" -> replace with "a case of SCC"

47: risks -> risk

42-52: Comment- in the Conclusion section, please add also the most common imaging features of the tumor (eg size) and the surgical recommendations. It is also good to mention that usually the tumor is triple negative, without regional or distal metastasis and that neo-adjuvant, and endocrine treatment is not beneficial

Page 9

Lines

8-9: "Left mammogram showed lesion with irregular contours and peripheral calcification ACR 3: replace with " Left mammogram: cranio-caudal view shows a lesion in the medial aspect of the breast with irregular contours and peripheral calcification, classified as BIRADS-3". Personally I believe that it is at least BIRADS-4

12-13: Please add that this is the surgical specimen

18: add a space between the E.No

General comments: Please try to use the same terminology in the paper (it is confusing).

eg: simple mastectomy- partial mastectomy- wide excision,

complete mastectomy - radical mastectomy - total mastectomy- modified radical mastectomy

1. Do you believe the case report is authentic?

Yes

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.

Comments: No

3. Does the Introduction explain the relevance of the case to the medical literature?

Yes
4. Does the article report the following information? Where information is missing, please specify.

Comments:

- Medical, family and psychosocial history: "Did the patient have previous screening mammogram?"

Diagnostic assessments, including:

- Diagnostic methods:
  i) very poor quality of the image (mammogram) provided,
  ii) the classification (BI-RADS3) is not concordant with the radiological findings and the diagnostic procedures performed

Types and mechanism of intervention: why did the patient have axillary nodes clearance, while there was no evidence of nodal metastasis? A sentinel node procedure would have been more appropriate.

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?

Comments: some changes need to be made (as mentioned in my review)

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Yes

7. Is the Abstract representative of the case presented?

Comments: yes but some additions are needed as I have commented in my review

8. Does the case represent a useful contribution to the medical literature?

Comments: yes
9. Additional comments for the author(s)?

i) Needs some language corrections before being published

ii) Instead of ACR 3 classification, the more appropriate term is BI-RADS 3. However, I disagree with the classification that was given to the mammograms and ultrasound examination. Please provide better quality of image of the mammogram, and additionally an ultrasound image. What was the radiological differential diagnosis? Please give specific descriptors of the type of calcification seen in the mammograms based on the BI-RADS criteria. Also, you mentioned nothing about the calcification in the histopathology report. Are those eventually related to the malignancy or were there irrelevant?

Kind regards,

Dr L Metaxa
Consultant Breast Radiologist

Level of interest
Please indicate how interesting you found the manuscript:

An article of limited interest

Quality of written English
Please indicate the quality of language in the manuscript:

Not suitable for publication unless extensively edited

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