

Review Form 1.6

Journal Name:	Asian Journal of Research in Surgery
Manuscript Number:	Ms_AJRS_88250
Title of the Manuscript:	Evaluation of Immediate Reconstruction with Lipofilling Following Breast Conserving Surgery for Early Breast Cancer
Type of the Article	Review Article

General guideline for Peer Review process:

This journal’s peer review policy states that **NO** manuscript should be rejected only on the basis of ‘**lack of Novelty**’, provided the manuscript is scientifically robust and technically sound.  
To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<https://www.journalajrs.com/index.php/AJRS/editorial-policy> )

PART 1: Review Comments

	Reviewer’s comment	Author’s comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Compulsory</b> REVISION comments Some terms and clarifications needed	<b>The term lumpectomy has been changed in NNCN 2022 to breast conserving surgery, consider revision in this article.</b> Why all underwent formal axillary dissection? Any cases underwent Sentinel lymph node biopsy which is the standard and most common in such cases? <b>Any cases of post neoadjuvant chemotherapy?</b> <b>Regarding the ASCO guidelines for breast invasive cancer margins isn’t it “No ink on Tumor”? 2mm for DCIS</b>	1- The term lumpectomy was not used in the thesis except in some definitions that refer to excision of only non defined mass that not proved to be cancer .. in all review I used breast conserving surgery as in procedure and results and discussion 2- I did not use sentinel lymph node at all as unfortunately we don’t have gamma camera and methylene blue gave some false negative results with us before. 3- There were some cases that had <b>neoadjuvant chemotherapy and did not affect the results of the procedure at all although the chemotherapy and radiotherapy post surgery started one month after operation</b> 4-I did not use ink in the procedure , I did wide local resection with intraoperative frozen section with enough safety margins that was from 2 mm to 1 cm ((the standard safety margin according to American Society of Clinical Oncology)
<b>Minor</b> REVISION comments		
<b>Optional/General</b> comments		

PART 2:

	Reviewer’s comment	Author’s comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	<u>(If yes, Kindly please write down the ethical issues here in details)</u>	