Review Form 1.6

Journal Name:	**Asian Journal of Case Reports in Surgery**
Manuscript Number:	**Ms_AJCRS_69928**
Title of the Manuscript:	**A rare case of recurrent breast malignant Phyllodes Tumor with lung ,axillary and mediastinal lymph nodes metastasis**
Type of the Article	**Case report**

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:

(http://peerreviewcentral.com/page/manuscript-withdrawal-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)*
Compulsory REVISION comments	**1) Was proper counselling given to patient and the attenders about the severity of the disease and the need for followup?** **2) Why wasn't frozen section done after the initial wide local excision surgery** **3) Did the CT scan (done before the 2nd surgery) show axillary lymph nodal metastasis?** **4) Why wasn't PET-CT done as the patient had not undergone Radiotherapy and had defaulted the treatment and followup?**	1)yes.proper counselling given to patient and attenders about severity of the disease and need for follow up. 2)in phyllodes tumor, we are not regularly practicing frozen section 3)Yes. CT TAP done and showed no axillaty LN metastasis 4)PET CT Scan done post WLE and showed no evidence of distance metastasize, only showed local tumor recurrence of the breast. The recurrence is very aggressive and the disease progression is very fast.
Minor REVISION comments	1) Nodes are mentioned as matted, which is a feature of tuberculosis and not malignancy. Correct it accordingly.	No. matted lymph nodes not necessary the features of tuberculsis.it is lymph nodes metastases rather than infective causes.
Optional/General comments	Lots of lacunae from the patient side in getting treated.	

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?	*(If yes, Kindly please write down the ethical issues here in details)*	No ethical issue