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REVIEWER'S REPORT

Manuscript No.: IJAR- 59590

Title: Ulcerofungating Breast Carcinoma in males: A Rare Presentation of Invasive Ductal Carcinoma,

Recommendation:
Accept after minor revision

Rating	Excel.	Good	Fair	Poor
Originality		✔		
Techn. Quality			✔	
Clarity			✔	
Significance	✔			

Reviewer's ID: Bilqees Hamza

Detailed Reviewer's Repot

This manuscript presents a clinical case report describing a rare, advanced presentation of male breast cancer—specifically, an ulcerofungating invasive ductal carcinoma in a 75-year-old male patient. Male breast cancer remains an uncommon malignancy, accounting for less than 1% of all breast cancer diagnoses globally. Due to a combination of low public awareness, absence of routine screening, and subtle initial presentation, diagnosis is frequently delayed, leading patients to seek medical evaluation only after significant local invasion or ulceration has occurred.

The paper outlines the complete diagnostic workup and surgical management of the patient, who initially presented with a painless $5\times5\text{ cm}$ mass and an overlying $2\times2\text{ cm}$ ulcerofungating lesion involving the right nipple-areolar complex. Diagnostic evaluation included ultrasound imaging (classified as BI-RADS V), contrast-enhanced computed tomography (CECT), fine-needle aspiration cytology (FNAC), modified radical mastectomy with axillary lymph node dissection, histopathological staging (pT4b N1a, Grade II invasive carcinoma of no special type), and comprehensive immunohistochemical (IHC) profiling. The biomarker panel demonstrated strong estrogen receptor (ER) and progesterone receptor (PR) positivity, positive androgen receptor (AR) expression, equivocal HER2/neu staining requiring fluorescence in situ hybridization (FISH) confirmation, and a markedly elevated Ki-67 proliferation index of 70–75%.

The manuscript effectively uses this case to discuss the anatomical vulnerabilities of the male breast (lack of lobular development and sparse parenchymal buffer leading to early skin invasion), the diagnostic

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workflow, and the multimodal therapeutic principles required for locally advanced male breast carcinoma.

Key Strengths

1. **Clinical Relevance and Educational Value:** The case provides a clear, illustrative depiction of locally advanced male breast cancer, underscoring the critical need for heightened clinical suspicion when evaluating painless subareolar masses in older men.
2. **Comprehensive Diagnostic and Staging Workup:** The manuscript thoroughly details all aspects of patient assessment, combining cross-sectional imaging, cytological verification, definitive pathological staging according to the AJCC 8th Edition, and a complete IHC marker profile.
3. **Sound Multimodal Therapeutic Rationale:** The discussion correctly contextualizes the role of surgery (modified radical mastectomy) alongside systemic therapies (tamoxifen-based endocrine therapy and targeted regimens), reflecting the high rate of hormone receptor positivity in male breast malignancies.

Recommendations for Improvement

While the manuscript is clinically sound and informative, the author should address the following minor recommendations prior to final publication:

1. **Reconcile Clinical Description Discrepancies:**

In the Abstract and Case Presentation, the author notes that physical examination and initial presentation revealed a $5\times5\text{ cm}$ mass without palpable axillary lymphadenopathy. However, ultrasound imaging in the Abstract notes "accompanying enlarged lymph nodes," and definitive histopathology confirmed metastasis in 3 out of 23 axillary nodes (pN1a). Clarify in the narrative that physical examination can underestimate subclinical axillary involvement in male patients with bulky primary tumors.

2. **Expand on Systemic and Adjuvant Treatment Plans:**

Section "Case Presentation" concludes after reporting the surgical outcome and IHC markers. Adding 2–3 sentences detailing the specific adjuvant treatment plan recommended for this patient—such as the specific endocrine therapy regimen (e.g., Tamoxifen), adjuvant chemotherapy sequence, radiation therapy fields for T4b disease, and the outcome of the requested HER2 FISH testing—will complete the clinical narrative.

3. **Standardize Reference Formatting and Citation Typography:**
    - Ensure all entries in the References section adhere strictly to standard APA 7th Edition formatting.

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- Verify complete author lists, uniform journal name abbreviations, volume/issue numbers, page ranges, and active DOIs.
- Correct minor bracket formatting slips in the reference list (e.g., standardizing 1], 2], 3] to standard numbered list entries).

Final Evaluation and Verdict

This manuscript offers a concise, clinically valuable case description highlighting the presentation, staging, and management of ulcerofungating male breast carcinoma. The pathological details and clinical lessons are well presented.

The manuscript is **accepted with minor revisions**. Resolving the minor clinical descriptive clarifications, outlining the complete adjuvant therapy plan, and standardizing the reference list will render the paper fully ready for publication

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