Review of: "Metabolic Intervention with Glucosodiene: Follow-up Insights on Successful First Case Treatment for Metastatic Triple Negative Breast Cancer (TNBC) of Bone after a Four Month Treatment Duration"

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Potential competing interests: No potential competing interests to declare.

Dear Authors,

I think that the presented case report does not allow any conclusion on the “successful treatment for metastatic TNBC to the bones with glucosodiene” using FDG PET.

1. PET images that you show in the paper do not allow the identification of the node involvement that you describe in the main text: coronal whole-body sections are not ideal for this goal. It may be better to select appropriate axial sections for different node levels.
2. In the title, metastatic lesions are indicated in bones, but not in the main text nor in the figure.
3. Quantitative assessment of PET tracer uptake is not reported (SUV metrics) neither for baseline nor for follow-up images.
4. Biochemical and hematological data do not support any information about the tumor response to treatment or tumor microenvironment modifications during treatment.
5. The tumor microenvironment may be evaluated with TILs and fibrotic foci or Tumor Associated Macrophages at the pathology assessment and immunohistochemistry, or by assessing gene signatures related to tumor intrinsic properties, including tumor proliferation, invasion, and signaling pathways (see Li JJ, Tsang JY, Tse GM. Tumor Microenvironment in Breast Cancer-Updates on Therapeutic Implications and Pathologic Assessment. *Cancers (Basel)*. 2021;13(16):4233. doi:10.3390/cancers13164233).
6. The use of FDG PET to assess the response to a new drug needs rigorous timing in image acquisition and post-processing at basal and follow-up time points.
7. Have you assessed the influence of glucosodiene on glucose transporters (GLUT)? FDG is an analogue of glucose and uses the same pathway to enter the cell.