

Review of: "SARS-CoV-2 infection in a fully vaccinated case with newly diagnosed breast cancer: a case report"

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Potential competing interests: The author(s) declared that no potential competing interests exist.

First of all, it is good to compose any scientific information in time of COVID-19 pandemics. Besides, more or less the author follows methods of reporting case reports like Title; Abstracts; Introduction (background); case presentation; Discussions; Conclusions and References.

Having saying that; I have a few comments on the case report the author presented.

Even though the author constructs the case reports based on the above mentioned guideline, information presented within the manuscript lacks substance (i.e. flawed information). Even the intention of the author was unclear. The objective of this case report was not clear.

And case reports attract the reader if it has a finding that sheds new light on the already existing knowledge/evidences such as:

- ▶ Unreported/unusual side effects
- ▶ Unreported/unusual disease presentation
- ▶ Diagnosis and management of new or emerging disease and symptoms
- ▶ New association or variation in disease process
- ▶ Unexpected events in course of observing or treating patient
- ▶ Finding that sheds new light on the possible pathogenesis of the disease or adverse drug events or etc

Therefore, in general it is better if the case reports focus on 'detail reports of something with unusual or novel occurrence' and need to contribute something to the biomedical knowledge.

For more please refer to: <http://www.jmedicalcasereports.com/content/7/1/239> that might also serve as a basis for case report writing.

Specifically,

1. The author did not present the case presentation of patient in detail for example the diagnosis method for COVID-19 was not well stated?
2. What adjuvant breast cancer's chemotherapy the patient received was not stated.
3. What is RDI? It is not explained in the document.
4. What kind of surgery was done? total mastectomy or lumpectomy?
5. The patient was diagnosed with stage 1 breast cancer that might not affect the signs and symptoms presentation of COVID-19 as it was not advanced stage tumor. The patient was also not on chemotherapy, radiation therapy or hormonal therapy that might affect the severity of the COVID-19 infection and recovery from it. That is why the author could not

come up with something new/unusual finding expected in case reports. Besides, being tested positive after vaccination in stage 1 breast cancer patients might not something new from the other general population as the author presented, in discussion part, a few studies of being tested positive after receiving vaccine in non-breast cancerous patients/individuals.

6. Even the intention of the author was not clear, whether the author wanted to focus on being tested positive for COVID-19 after vaccination, or the whether wanted to know the effect of breast cancer on COVID-19 case presentation, or the effect of hypertension, or any other else, it is not clear.

7. Furthermore, studies also revealed that being diagnosed with breast cancer and treated for it may not lead to significant complications for those diagnosed with COVID-19 given that patient did not have comorbidities.

For more please refer to:

- a. https://doi.org/10.1200/JCO.2021.39.15_suppl.e12544;
- b. <https://doi.org/10.1186/s13058-020-01293-8> ;
- c. <https://doi.org/10.1177/17588359211053416>
- d. <https://doi.org/10.1016/j.amsu.2021.01.099>

In general, I welcome the author if it was to further validate for better understanding the behavior of COVID-19 disease among breast cancer patients, but the detail of the case presented should be reported and it should has clear objective.