Reviewer 1

Open Review	( ) I would not like to sign my review report (x) I would like to sign my review report
English language and style	( ) Extensive editing of English language and style required ( ) Moderate English changes required ( ) English language and style are fine/minor spell check required (x) I don't feel qualified to judge about the English language and style

	Yes	Can be improved	Must be improved	Not applicable
Does the introduction provide sufficient background and include all relevant references?	(x)	( )	( )	( )
Are all the cited references relevant to the research?	(x)	( )	( )	( )
Is the research design appropriate?	( )	(x)	( )	( )
Are the methods adequately described?	( )	(x)	( )	( )
Are the results clearly presented?	(x)	( )	( )	( )
Are the conclusions supported by the results?	( )	(x)	( )	( )

Comments and Suggestions for Authors

In the manuscript authors assessed cause-specific survival depending on the clinical and molecular data in 2869 breast cancer patients in the Mallorca area of Spain. This is a population-based retrospective follow-up study to which clinical data were obtained from the Mallorca Cancer Registry. Therefore, no clinical data are available for some patients.

To complete the missing data, the authors used the Multiple imputation (MI) method. The paper presents important data from this population. The results presented by the authors were previously published in literature in studies on other populations. The authors confirmed that patients with triple negative breast cancers, at a more advanced stage, and patients over 65 years old have worse prognosis in the Majorcan population.

Thank you very much for your comments and suggestions.

The following points should be considered:

1. Please clarify: In Table 1 HER2 positive patients account for 12% of the group (356), but below the HER-2 enriched molecular subtype is only 4.5% (130). How is it possible?

Because the rest of the cases were luminal B, we have specified the definition of each molecular subgroup to clarify it.

2. In the case of molecular subtypes of breast cancer, there is no Luminal with Ki67 unknown subtype, which was identified in the publication and constitutes 34.8% of the studied group. Moreover, in 22% of patients it is not possible to define the molecular subtype due to lack of data, mainly Ki 67 status. Together,

they constitute the majority of the studied group (56.8%), where the lack of data does not allow for the determination of the molecular subtype. In my opinion, such a large amount of missing data does not allow the assessment of survival depending on molecular subtypes. The actual subtype determination was possible in less than half of the cases. For this reason, an analysis of survival in molecular subtypes should not be performed. I recommend performing the analysis of survival depending on the molecular subtype only in the subgroup of patients with full medical data (ER; PR; HER2; Ki 67).

We have tried to explain better why we created this category luminal without Ki67 and why we decided to keep Ki67 in the molecular classification in the Discussion section. However, we cannot follow your recommendation of performing the analysis only in the subgroup of patients with complete medical data because, in the case of Ki67, we probably introduce a selection bias. The reason is that cases with Ki67 probably were the ones where the oncologist performed it when a more aggressive cancer was suspected, so a Ki67 positive cancer.

3. Is it possible to perform an additional analysis of cause-specific survival by age groups up to 49 years of age, from 50 to 69 years of age (screening programme) and over 70 years of age. Such an analysis may show whether the survival of a patient at the age undergoing screening programme is better.

Following your suggestion, supplementary materials section provides the corresponding results using the age groups: 1) up to 49 years of age; 2) from 50 to 69 years of age; 3) over 70 years of age.