

REVIEWER'S REPORT

Manuscript No.: IJAR-53528

Date: 25/08/2025

Title: Endometrial Thickening in Patients on Tamoxifen: Current Insights and Management Strategies.

Recommendation:

Accept after minor revision.

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

Reviewer Name: Dr. Bishwajit Rout

Date: 25/08/2025

Reviewer's Comment for Publication.

(To be published with the manuscript in the journal)

The reviewer is requested to provide a brief comment (3-4 lines) highlighting the significance, strengths, or key insights of the manuscript. This comment will be Displayed in the journal publication alongside with the reviewers name.

- Significance:** This study is significant as it addresses the clinical dilemma of endometrial thickening in women on tamoxifen therapy. By clarifying the limited correlation between ultrasound findings and pathology, it emphasizes evidence-based, symptom-guided management. The research highlights how unnecessary invasive procedures can be reduced while ensuring timely detection of malignancies, advancing safer and more efficient patient care.
- Strength:** The paper's strength lies in its integration of clinical evidence, imaging studies, predictive analytics, and updated guidelines. It reviews both traditional and emerging diagnostic approaches, including machine learning-based risk stratification and experimental pharmacologic interventions like rapamycin. This multidisciplinary perspective provides clinicians with a holistic understanding, supporting tailored decision-making that balances vigilance with patient comfort and healthcare efficiency.
- Key Insight:** The key insight is that endometrial thickening in tamoxifen users is common but often benign, necessitating selective evaluation based on symptoms rather than imaging alone. Emerging tools, such as predictive nomograms and potential preventive agents, may refine risk assessment. The study underscores the shift toward personalized, risk-based strategies that minimize overtreatment while safeguarding against missed pathology in breast cancer survivors.

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The paper titled “*Endometrial Thickening in Patients on Tamoxifen: Current Insights and Management Strategies.*” synthesizes Tamoxifen's endometrial effects, citing 2025 studies showing 66% thickening incidence but often benign histology. It recommends symptom-guided evaluation, ML nomograms (AUC 0.89), and rapamycin for proliferation control, aligning with 2024 JOGC/ACOG guidelines. Strengths: up-to-date, clinically actionable; weaknesses: no original data, over-relies on preliminary research. Overall, a valuable overview promoting selective interventions.

Suggestions for Improvement:

1. Include global epidemiological data (incidence of tamoxifen use and endometrial pathology rates)
2. More clearly define why this review is necessary despite existing guidelines.
3. The flow could be improved by separating diagnostic, predictive, and therapeutic aspects into subsections.
4. More critical appraisal of cited studies (sample sizes, limitations, biases) is needed.
5. Expand on the clinical practicality of machine-learning models (feasibility in routine care).
6. Include perspectives from low-resource settings where advanced tools may not be available.
7. Add future research directions (e.g., large-scale validation of predictive models, clinical trials on rapamycin or similar agents).
8. Acknowledge limitations of current evidence (heterogeneity of studies, short follow-up durations).
9. End with a stronger clinical recommendation statement.
10. Remove duplicate references (e.g., reference [1] and [3] are the same).
11. Ensure consistent formatting style across all entries.

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This paper provides a comprehensive and clinically relevant review of tamoxifen-associated endometrial thickening, integrating current guidelines, predictive tools, and experimental therapies. It is well-written and timely, but requires minor revisions to improve structure, critical appraisal, and reference consistency. With these refinements, the article will make a strong contribution to gynecologic oncology and evidence-based management practices. Addressing the identified weaknesses will make it suitable for publication in IJAR.

I recommend this paper for publication after minor revision.