

Peer Review File

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Reviewer Comments

**Comment 1:** This is a useful call for any technologists or doctors intending to learn breast ultrasound. I find the "in practice" sections of the paper especially useful as they share useful practical tips.

**Reply 1:** Thank you. We, too, hope that this manuscript will be a helpful resource for anyone who performs breast ultrasound.

**Changes in the text:** None.

**Comment 2:** Please allow me to share some additional information for these sections. You may choose to include them in the paper although this is optional:

**Reply 2:** We appreciate your additional suggestions. We have answered each more in detail below

**Changes in the text:** None.

**Comment 2.1:** Regarding transducers: A high-frequency transducer with 18 MHz is also very useful for imaging resected breast specimens to show that the target lesion is in the resected tissue. This is particularly good for small specimens due to the small transducer footprint.

**Reply 2.1:** We appreciate your comment. Generally, specimen radiographs are obtained to evaluate margins particularly in the setting of microcalcifications which are not well characterized on ultrasound, and to confirm marker (clip) or localizer removal. But, when resecting a biopsy-proven metastatic lymph node, we have used high-frequency ultrasound in the operating room to ensure that a sonographically visible marker (such as a twinkling marker) is in the specimen with a palpable lymph node. Thank you for reminding us.

**Changes in the text:** We have added some text to include this use on Page 8, Lines 6-9.

**Comment 2.2:** Beam focusing knobs: Manuscript lines 137-138: A thick layer of gel may also be useful for scanning uneven surfaces such as around surgical scars as well as the periareolar region where there may be deep skin creases.

**Reply 2.2:** Thank you. We agree.

**Changes in the text:** We have added this to Page 9, Lines 9-11.

**Comment 2.3:** Harmonic imaging knob: Useful for imaging of cysts.

**Reply 2.3:** Thank you for your comment. We have found that in the hands of an operator who might not truly understand harmonic imaging, the operator will use harmonic imaging to make the mass look anechoic and hence a cyst, when, in fact, the mass is a solid mass. We are grateful for your comment and believe it warrants a comment to this regard in the text.

**Changes in the text:** We have added text on Page 15, Lines 11-16.

**Comment 2.4:** Special compounding knob: Consider switching off to view artifacts such as posterior acoustic enhancement behind cysts as well as posterior acoustic shadowing posterior to marker clips. The twinkling artifact may also be more pronounced with special compounding off.

**Reply 2.4:** Thank you for your comment. While we have not found the twinkling artifact to be more pronounced with spatial compounding, we do agree that turning spatial compounding off can sometimes better depict the presence of posterior acoustic enhancement (e.g., cysts) or shadowing (e.g., markers (clips)) which is already noted in the text.

**Changes in the text:** We have included the part about posterior acoustic enhancement on Page 16, Lines 10-11.