

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 37307

Title: A case of pancreatic metastasis from colon cancer in which cell block using the Trefle® endoscopic scraper enables differential diagnosis from pancreatic cancer

Reviewer's code: 02953195

Reviewer's country: Italy

Science editor: Li Ma

Date sent for review: 2017-12-05

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Review time: 15 Hours

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The Authors describe a case of pancreatic metastasis from colon cancer in which the cell block technique, together with immunohistochemistry, enabled differential diagnosis from pancreatic cancer. The combination of the cell block technique and the Trefle® device shows promise for diagnosis of biliary strictures as it is as easy as conventional brush cytology. Generally speaking, in my opinion the paper is clear, well and concisely written, with well done procedures. In order to solve the diagnostic bias regarding primary or metastatic pancreatic masses, the application of cell-block related to EUS-FNAC appears to be the best practice. Furthermore, at least in a small subset of neoplasms in which cytological diagnosis may be hard to achieve, due to the presence of extensive tumor necrosis, associated inflammation, limited sampling and, mainly, contamination by intestinal epithelial cells, the cell-block technique should be



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https:// www.wjgnet.com

emphasized and more largely applied, furnishing the opportunity to do immunohistochemical procedures, as elsewhere reported (Ieni et al, Cell-block procedure in endoscopic ultrasound guided fine needle aspiration of gastrointestinal solid neoplastic lesions World J Gastrointest Endosc 2015; Ieni et al, Diagnostic relevance of cell block procedure in secondary tumors of the pancreas, Cytojournal 2016). Therefore, I suggest that Authors may introduce and discuss some considerations about these latter previous references. In addition English grammar and style should be improved.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 37307

Title: A case of pancreatic metastasis from colon cancer in which cell block using the Trefle® endoscopic scraper enables differential diagnosis from pancreatic cancer

Reviewer's code: 01438513

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<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

There have been probably few reports dealing with the combination of a scraper Trefle and cellblock method for histocytological diagnosis of malignant biliary strictures. Therefore, this is an interesting report. However, there are several points, which should be revised. Major points: • Pancreatic metastasis from rectal carcinoma is very rare. It seems to be difficult to make a definitive diagnosis in this case. There is a possibility of primary bile duct/pancreas carcinoma rather than pancreatic metastasis from the colon. 1) The biliary stricture by ERC (Figure 1C) looks like a stricture caused by a primary bile duct carcinoma rather than one by a pancreatic carcinoma (primary or metastatic). 2) Noda Y, et al. [Dig Endosc 25: 444-452, 2013] reported that the sensitivity of cell block method for bile duct cancer (80%) was much better than that for pancreatic head cancer (20%). Therefore it is probably difficult to obtain cancer

tissue/cells from the metastatic pancreatic tumor unless tumor exposure to the bile duct exists even if using a scraper Trefle. 3) As Chu et al. [7] reported 62% of cases of pancreatic carcinoma, 43% of cases of cholangiocarcinoma and 5% of cases of colorectal adenocarcinoma were CK7+/CK20+ by immunostaining. On the other hand, Werling RW [Am J Surg Pathol. 2003; 27: 303-10] reported that immunohistochemistry showed expression of CDX-2 in 32% of pancreatic adenocarcinomas, 25% of cholangiocarcinomas (bile duct carcinoma/gallbladder carcinoma) and 99% of colonic adenocarcinomas. In the present case, the results of immunostaining for cell block specimens (CK7+/CK20+/CDX-2+) seem to be compatible to primary pancreatobiliary carcinoma rather than metastatic carcinoma from the colon. 4) The HE image of the cell block specimen shows well differentiated adenocarcinoma while that of the rectal resection specimen shows moderately differentiated adenocarcinoma. Usually metastatic carcinomas show less differentiated features than their primary tumor. Minor points:

- The report by Noda Y, et al. "Prospective randomized controlled study comparing cellblock method and conventional smear method for bile cytology. Dig Endosc 25: 444-452, 2013" should be cited.
- Discussion: You should mention the reason that you selected the Trefle device rather than biopsy forceps. Looking at the location of the biliary stricture (Figure 1C) it is probably not so difficult to perform biopsy (under fluoroscopic or endoscopic guidance). Sometimes specimens obtained from the biliary stricture using biopsy forceps show important findings such as "invasive cancer clusters under nonneoplastic biliary epithelium" that suggests invasive carcinoma from the outside of the bile duct. Can you show such findings in the specimen obtained by the Trefle device?
- It is recommended that you cite the reports "Yasuda I, et al. Diagnostic value of transpapillary biopsy using double lumen introducer for determination of mucosal extent in extrahepatic bile duct cancer. Dig Endosc 15: 200-206, 2003", "Noda Y, et al. Intraductal ultrasonography before biliary drainage and transpapillary biopsy in assessment of the longitudinal extent of bile duct cancer. Dig Endosc 20: 73-78, 2008" and "Werling RW, et al. CDX2, a highly sensitive and specific marker of adenocarcinomas of intestinal origin: an immunohistochemical survey of 476 primary and metastatic carcinomas. Am J Surg Pathol. 2003; 27: 303-10.