

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 55194

Title: T4 cervical esophageal cancer cured with modern chemoradiotherapy: A case report

Reviewer's code: 03552525

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Singapore

Manuscript submission date: 2020-03-05

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-06 02:22

Reviewer performed review: 2020-03-06 03:02

Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	RE-REVIEW	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept (High priority)	<input type="checkbox"/> Yes	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Accept (General priority)	<input type="checkbox"/> No	[Y] Anonymous
<input checked="" type="checkbox"/> Grade C: Good				[] Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input checked="" type="checkbox"/> Minor revision		Peer-reviewer's expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision		[Y] Advanced
		<input type="checkbox"/> Rejection		[] General
				[] No expertise
				Conflicts-of-Interest:

☐ Yes

☐ No

SPECIFIC COMMENTS TO AUTHORS

Tracheoesophageal fistula from T4 cervical esophageal squamous cell carcinoma was very difficult problem, and there is no clear evidence. So, this case report is important, but there were some points to revise before publish. 1 & 2. Why did you do Percutaneous endoscopic gastrostomy (PEG) before CRT? This case was high risk of inedible fistula. If patients receive PEG, he may be able to get enough nutrients by using semi-solid nutritional supplement without stent. Stent may become high risk for infection and necrosis. So, it may be more important for this case not to get severe adverse events after treatment. Could you discuss about this point, if possible? 3. Indeed, there was no clear evidence of treatment, and there was risk of aspiration, did you consider continuing CRT? I experienced similar case of T4 esophageal cancer, and fistula of this case was close by hyperbaric oxygen therapy and enough semi-solid nutritional supplement after CRT. 4. There was no Figure 4. 5. I'm interested in current follow-up images of this case. Could you add this images, if possible?

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

☐ The same title

☐ Duplicate publication



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[] Plagiarism

[Y] No

BPG Search:

[] The same title

[] Duplicate publication

[] Plagiarism

[Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 55194

Title: T4 cervical esophageal cancer cured with modern chemoradiotherapy: A case report

Reviewer's code: 03565143

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Singapore

Manuscript submission date: 2020-03-05

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-05 11:35

Reviewer performed review: 2020-03-07 05:18

Review time: 1 Day and 17 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	RE-REVIEW	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept (High priority)	<input type="checkbox"/> Yes	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Accept (General priority)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input checked="" type="checkbox"/> Minor revision		<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair		<input type="checkbox"/> Major revision		Peer-reviewer's expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Rejection		<input checked="" type="checkbox"/> Advanced
				<input type="checkbox"/> General
				<input type="checkbox"/> No expertise
				Conflicts-of-Interest:

☐ Yes

☐ No

SPECIFIC COMMENTS TO AUTHORS

The authors reported a case in which tracheoesophageal fistula occurred during chemoradiotherapy for T4 cervical esophageal SCC and closed after chemoradiotherapy with the therapeutic effects. In fact, the key of this manuscript was that the authors did not stop chemoradiotherapy when they diagnosed the tracheoesophageal fistula. The authors chose carboplatin and paclitaxel as chemotherapeutic agents. Tracheal stenting was useful to manage the tracheoesophageal fistula. This case report was interesting and suggestive, so that it should be accepted after minor corrections. Following are my comments.

Comments: 1. The authors might emphasize the cure of tracheoesophageal fistula after chemoradiotherapy. However, the title of the manuscript might confuse readers because of grammatical reasons. Please consider the title name again. 2. Please check the unit of creatine. 3. Figure 4 was gone from the manuscript.

INITIAL REVIEW OF THE MANUSCRIPT

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☐ The same title

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☐ Plagiarism

☐ No



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BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No