

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 59076

Title: Malignant Solitary Fibrous Tumor of the Greater Omentum: A Case Report and Literature Review

Reviewer's code: 00054549

Position: Peer Reviewer

Academic degree: BSc

Professional title: Doctor

Reviewer's Country/Territory: Australia

Author's Country/Territory: China

Manuscript submission date: 2020-08-23

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2020-09-25 03:54

Reviewer performed review: 2020-09-28 22:33

Review time: 3 Days and 18 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

This case of malignant SFT of the omentum leading to the later death of the patient deserves to be reported. First because apart from SFT of the omentum being a rare tumour, it is even rarer for it to be malignant (as you have alluded to) but even rarer for intraperitoneal spread to be evident at the index surgery (your case may be the 4th reported world wide with respect to this particular finding) and also rare that it leads to the death of the patient. What makes your case even more unique is that you were not able to confirm the diagnosis solely with immunohistochemistry (unlike all of the other cases which have been reported of SFT whether it be benign or malignant -see attached reference) hence the requirement to utilise gene sequencing. However you have not provided any information in the manuscript as to exactly how the gene sequencing was performed and whether it was on tissue obtained from the main tumour (ie the methods used). Plus you do not provide a summary of the actual results of the gene sequencing except to state what it did not show. For a rare case of this nature it is essential to provide this specific information. The abstract contains a number of weaknesses. First the background needs to be reworded to be a lot more focussed on what is currently known about malignant SFT of the omentum (ie provide the reader with the context). There is too much information provided about the case in the abstract when this could be summarised into two short sentences. One sentence about the patient followed by one sentence about how the diagnosis was confirmed following the surgery to remove the tumour and its satellite nodules. The conclusions in the abstract are speculative and not supported by either the information from the case nor the information summarised for the other reported cases of malignant SFT of the omentum. The discussion needs to be a bit more focussed on how your case compares and contrasts with the other reported cases. Particularly as to how many cases have been reported where spread of the SFT

was evident at the index surgical procedure (hint, not many) as well as how many patients have died of malignant SFT and what the time frames were. More needs to be mentioned about the actual results of the gene sequencing in the discussion and the conclusions because this may be a possible way of more accurately classifying these tumours in the future which then has implications for experimental therapies (ie deciding which targeted chemotherapy approaches may be beneficial-noting that there is not enough evidence for chemotherapy currently). The discussion drifts off course with the statement about omentectomy not being advisable because this is not supported by the literature. Most of these cases are not diagnosed prior to surgery (and there is a list of other tumours in the differential diagnosis proffered by other authors) - see attached reference. Confirmation of the diagnosis comes predominantly via a combination of histologic findings as well as immunohistochemistry. The drifting in the discussion leads to you making conclusions that seem a bit off the mark. This is a very rare tumour which has predominantly been reported in the literature via a steady stream of case reports (currently 2-3 per year). There has been a lot of variation in how comprehensive the actual information contained in the reports has been (as evidenced in what you have summarised from the literature in the Table). Hence these deficits in information have not allowed for a greater understanding to be obtained of exactly what features of the tumour are associated with adverse patient outcomes (ie recurrent disease and mortality). Hence this has implications moving forward. Others have suggested that long term follow up of these cases needs to be reported (ie the cases are followed until they are considered cured or they have died either of the SFT or of other causes). Also as SFT is such a rare disease it may well be that reporting now needs to be undertaken to centralised tumour registries (in order to pull together the information in such a manner that important trends can be ascertained). Hence your conclusions need to focus more on looking forward based on particularly the new information you have provided about

diagnosing malignant SFT.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The manuscript certainly reads a lot better. There are some minor issues with grammar which can be addressed by copy editing (ie ensuring that due to the changes etc that the content in each sentence is readily understandable to the members of the potential audience). Plus I have noticed in the discussion section of the manuscript that there are at least 3 occasions where words are now formatted together. This may have come about due to editing via track changes but does need to be careful.