

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 61076

Title: A CASE REVIEW OF UNDIFFERENTIATED INTIMAL SARCOMA OF THE PULMONARY ARTERY

Reviewer's code: 00504800

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

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Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2021-01-26 12:35

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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 Grade E: Do not publish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 type="checkbox"/> Grade B: Minor language polishing <input checked="" 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

The manuscript by Li et al. describes an interesting case of pulmonary arterial sarcoma (PAS). While the clinical case is worth reporting because PAS is such a rare disease, the manuscript is not well written. I have a number of questions in which I can't tell if the authors are describing the current patient or reviewing the literature. These questions will need to be resolved to consider acceptance of the manuscript. Major issues: 1. I think my biggest concern is that I am not certain why the authors seem to indicate throughout the manuscript that the diagnosis of PAS was in question at the time the patient presented to their institution. Was not the biopsy proving PAS done in 2017? If so, the authors' radiographic findings are of value to confirm the diagnosis, but the diagnosis was already clear. Since the diagnosis was already known, the authors could use this case as an example of the difficulties of diagnosing PAS – their 4 features in the Core Tip are quite useful – but should extensively revise the manuscript accordingly, and not make the reader feel as if the biopsy-proven diagnosis is in question. 2. I have difficulty following which imaging/procedures were done for this patient during his initial presentation to the outside hospital in 2017, and which were done at the authors' institution in 2019. The authors need to make this clear. 3. Since this submission is for the World Journal of Clinical Cases, I think readers would like to know what happened to the patient after the authors confirmed the diagnosis. Any history of treatment after his initial presentation in 2017 would be welcome too, since the patient did not present to the authors until over 2 years from his initial diagnosis, which is much greater than the median survival time for PAS without therapy. 4. I cannot tell in the last two paragraphs of the Discussion regarding references 8, 9 and 10 whether the authors are discussing aspects of this particular case, or are describing general characteristics of PAS patients from the literature. The authors need to clarify whether

they are discussing their patient or findings from the literature. Specific comments: 1.

Abstract Background, page 2, last line and also Introduction, page 3, last line: the word “by” makes it sound as if the patient is choosing which imaging study to get, not the physicians. 2. Abstract Case Summary, line 5 and also Case Presentation, page 5, line 5: By “punctured” do you mean biopsied, or more specifically a fine needle aspiration? Please clarify. 3. Abstract Case Summary, last line and also Case Presentation, page 6, last line of top paragraph: As noted above, the radiographic studies only make one suspicious of the diagnosis; the diagnosis is not confirmed until the biopsy is done. The authors should revise the wording in these sections to something like “suspicious of PAS” not that PAS was confirmed radiographically. 4. Core Tip, page 3 and Conclusion, page 8: To use consistent language, point 4 should say something like “ultrasound of the lower extremity and inferior vena cava can be used to exclude fails to demonstrate thrombus” 5. Introduction, page 4: I would add myxoma as another possible diagnosis. 6. Case Presentation, first paragraph, page 5: Are any of the original imaging studies from 2017 available? If the biopsy in Fig. 3 was done in 2017, the authors should present that here, not in the Discussion. Line 7, nodules, not nodes. Line 8, should say “At that time” rather than “currently”. Did the patient receive any treatment in 2017? Two year survival is a long time for PAS patients without treatment. 7. Case Presentation, second paragraph, page 5: The video is good for showing the mass in the RVOT and its movement, but it is difficult to see blood flow in such a short clip. Second to last line: recommend deleting “with RVOT-MPA of mild stenosis as well as development of the mass”. 8. Page 6: The last two paragraphs of the Case Presentation seem better suited for the Discussion. 9. Case Presentation, page 6, bottom paragraph, sentence beginning with “Second”: I again am having difficulty determining if the authors are referring to their patient, or PTE patients in general. Did this patient ever have an elevated D-dimer, and if so, when? 10. Discussion, page 7,



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first paragraph: I am not familiar with the term “sarciniform”; please use another descriptive word. 11. Discussion, page 7, second paragraph: Once again, are the authors referring to CT images of their patient, or of PAS patients in general since they cite reference 8? If the authors have such images from their patient, please include them. Please insert (Fig. 2) on the bottom line of page 6 after MPA. 12. Discussion, page 8, top paragraph: Again, it is unclear if the authors are referring to PA wall erosion and tumor/thrombus volume in their patient, or reviewing PAS vs. PTE characteristics in general from the literature; please clarify.

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Reviewer accepted review: 2021-02-23 13:45

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The authors have addressed my previous comments. I have a few additional clarifications I would like the authors to make, but these are minor and I do not need to review the manuscript again. 1. Core Tip, page 3 last line, and also Conclusion, page 8: Please delete the phrase "failure to demonstrate" (I think this was in my previous review; I apologize this was an error and the sentence reads better without "failure to demonstrate"). 2. Chief Complaint, page 4: delete "has been". 3. History of Present Illness, page 4, line 3: Please delete "scanned in" and simply say "scan from" another hospital; line 4: Regarding the outside hospital scans, it would be good to add (images not available) at the end of the sentence. 4. Discussion, page 8, last paragraph: Please delete "is enough inside" and change to "has a blood supply", since PAS will have a blood supply and PTE will not. 5. Conclusion, page 8: There appear to be extra computer commands at the beginning and end of the Conclusion paragraph; please delete.

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