



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 61201

Title: Metachronous pulmonary and pancreatic metastases arising from sigmoid colon cancer: A case report

Reviewer's code: 05346507

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-12-05 01:29

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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 Grade E: Do not publish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 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
Re-review	<input type="checkbox"/> Yes <input checked="" 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

Overall, a case report worth publishing. It will need some minor revisions as follows:

Abstract (background) Line21-22: Change to The diagnosis of pancreatic metastases is difficult and predominantly relies on CT, pathology and immunohistochemistry. Case summary: 1. Case summary -Please add chronology of events. 2. Case summary- please add brief information about the staging and therapy (?adjuvant therapy)of the sigmoid cancer. 3. case summary-Please add brief information about the pulmonary metastasis (number of mets, any post-op chemotherapy etc) 4. Case summary- I would suggest modifying the following line: 'The colonic origin of the pancreatic metastasis was further confirmed by highly concordant gene mutation profiles across the three lesions, including most frequently colon cancer oncogenic driver mutations in APC, TP53, KRAS, and FBXW7.' 'Concordant gene mutation profiles were observed across the three lesions that included oncogenic driver mutations most frequently seen in colon cancer (e.g., APC, TP53, KRAS, and FBXW7).' Core tip Line 51-53: Modify as follows- To our knowledge, this is the first case reported to utilize NGS sequencing to detect tissue of origin in pancreatic metastasis from colon cancer. History of present illness Please add detailed information about the staging and therapy (?adjuvant therapy) of the sigmoid cancer. History of present illness Please add detailed information about the pulmonary metastasis (number of mets, any post-op chemotherapy etc) Physical examination and laboratory testing carcinoembryonic antigen (CEA) level was at an elevated 23.17 mg/mL- is it ng/ml? Also, provide normal lab value/range of CEA and CA 19-9. Inconsistent statements: Line 107-109 : A review of pathological specimens indicated moderately to poorly differentiated adenocarcinoma invading duodenal submucosa, muscular layer, and serosa. Line 110-111: There was no involvement of the stomach, duodenum, gallbladder, or periphery of pancreatic islets. Line 149-153: Meaning



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unclear. Also, the conclusion of the PulMiCC study is highly controversial and was discounted by the NICE guideline.