



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 62469

**Title:** Collision carcinoma of the rectum involving neuroendocrine carcinoma and adenocarcinoma: A case report and literature review

**Reviewer's code:** 03646649

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-01-10

**Reviewer chosen by:** Jia-Ping Yan

**Reviewer accepted review:** 2021-02-17 15:25

**Reviewer performed review:** 2021-03-03 15:17

**Review time:** 13 Days and 23 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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**

Comments to the Author Thank you for giving me the opportunity to review the manuscript titled "Collision carcinoma of the rectum- neuroendocrine carcinoma and adenocarcinoma: a case report and literature review". The authors report a patient diagnosed with collision carcinoma of the rectum, neuroendocrine carcinoma and adenocarcinoma, and discuss its clinicopathological features and biological behavior. I would like to comment as follows, to improve this manuscript: 1. This is an interesting and rare case. To understand its clinicopathological features and biological behavior in detail, the authors should perform immunohistochemistry for  $\beta$ -catenin, MLH1, cytokeratins (CKs, e.g., CK7 and CK20) and mucins (e.g., MUC2, MUC5AC, MUC6, and CD10), analysis of BRAF and KRAS mutations, microsatellite instability (MSI) testing, and so on. They should then discuss the findings. 2. Clinically, ultrasonography, colonoscopy, and computed tomography images should be included. Furthermore, the macroscopic morphology of this case was described in detail. 3. What was the ratio of neuroendocrine carcinoma to adenocarcinoma? Add a loupe image or a low-power view showing the existence of both components. 4. How was the TNM staging based on pathological information obtained from the histopathology specimens? Furthermore, the authors state that the patient showed no obvious abnormalities, 24 months after initial diagnosis. Did the patient receive treatment such as postoperative chemotherapy or radiation therapy? 5. In Figs. 3 and 4, the positions of neuroendocrine carcinoma to adenocarcinoma are horizontally reversed, as shown in Fig 1. This confuses the readers. Please present the same H&E staining and immunohistochemistry tissue sections, if possible. 6. In the text, neuroendocrine tumor cells are weakly positive for CK and negative for CgA, Syn, and CD56. Is this description correct? 7. Sentences with the same content are often duplicated in the Background and Discussion sections. Please



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correct them.