



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 66792

Title: Clinical features and survival of patients with multiple primary malignancies

Reviewer's code: 05240100

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Hungary

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-15 06:56

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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 Grade E: Do not publish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 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

Thank you for the opportunity for reviewing this manuscript. Comments: Major: 1) Please, identify this study as a retrospective cohort study and adhere point-by-point to the relevant reporting guideline of the EQUATOR Network. 2) Was the sampling consecutive? How were the patients identified in medical databases? Altogether, how many cases with any malignancy were diagnosed at the clinic (of which 243 were eligible for inclusion) and what were the main reasons for exclusion? What about lack of data on follow-up/attrition? 3) I recommend including a third group of patients who were diagnosed with one primary tumor. This would allow you to make predictions of the development of multiple primary tumors as well, which would be a clinically meaningful information regarding follow-up. Besides, immortal time bias should be handled somehow. 4) I am not sure if the conclusion about having no difference in survival between the synchr. and metachr. groups holds in light of the relatively low number of the patients. Do you consider the statistical power of the analysis sufficient? Minor: typos should be amended.