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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 68319

Title: Isolated synchronous Virchow lymph node metastasis of sigmoid cancer: A case report

Reviewer's code: 05774393
Position: Peer Reviewer
Academic degree: MD
Professional title: Associate Professor
Reviewer's Country/Territory: Egypt
Author's Country/Territory: China

Manuscript submission date: 2021-07-05
Reviewer chosen by: AI Technique
Reviewer accepted review: 2021-07-23 08:10
Reviewer performed review: 2021-07-23 14:48
Review time: 6 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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

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SPECIFIC COMMENTS TO AUTHORS

This manuscript is an original presentation of a case report of colorectal carcinoma. it is a good case that showed that colorectal carcinoma can present by metastatic to supraclavicular lymph node without any solid organ metastasis. There are some questions that should be answered; 1-What is the role of PET-CT in such condition and why it showed No significant FDG uptake ? 2-Why do you think that only one of pericolic lymph nodes contain metastasis while most of left supraclavicular nodes contain metastasis? 3-You are writing that tumor erosion into blood vessel then to thoracic duct may be the mechanism, but if tumor erode into blood it will spread to other organs 4-The comment on figure 2 must be revised 5-There is discrepancy between figure 4 and 5, in figure 4 the tumor invade the muscularis mucosa while in 5 the tumor is limited to the mucosa and in the text, the tumor is intramucosal. which is correct. Kindly revise the pathological staging?? 6-If the tumor is intramucosal carcinoma, How did it spread to the lymph node. True intramucosal carcinoma also lacks the potential for metastasis?? 7- Figure 5, each immunostain should be written on its picture

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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 68319

Title: Isolated synchronous Virchow lymph node metastasis of sigmoid cancer: A case report

Reviewer's code: 05625827
Position: Peer Reviewer
Academic degree: FASCRS, MD, PhD
Professional title: Lecturer
Reviewer's Country/Territory: Japan
Author's Country/Territory: China
Manuscript submission date: 2021-07-05
Reviewer chosen by: AI Technique
Reviewer accepted review: 2021-07-23 22:26
Reviewer performed review: 2021-07-24 12:44
Review time: 14 Hours

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

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SPECIFIC COMMENTS TO AUTHORS

This paper reports a rare case report of an isolated synchronous Virchow's lymph node metastasis of sigmoid colon cancer. I do not agree that radical resection of both the primary site and the supraclavicular lymph node metastases is feasible in this case because the follow-up period 6 months is too short. Minor points: 1. Case report: "FOLFOX + capecitabine" (P 2; Line 48, P 4; Line 4 and Table 2) is not correct. 2. Case report: P 2; Line 33, The term "interestingly" is not applicable in this section. This is a subjective expression. 3. Case report: The author has to give the pathological findings and the TNM stage. 4. Discussion: The first sentence is duplicated in introduction and discussion section. 5. Figure 1A (Left): Does the arrow refers to the Virchow's lymph node? 6. Table 2: "R0 surgery" is incorrect.

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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 68319

Title: Isolated synchronous Virchow lymph node metastasis of sigmoid cancer: A case report

Reviewer's code: 05905875
Position: Peer Reviewer
Academic degree: MD
Professional title: Associate Professor, Doctor
Reviewer's Country/Territory: Philippines
Author's Country/Territory: China

Manuscript submission date: 2021-07-05
Reviewer chosen by: AI Technique
Reviewer accepted review: 2021-07-25 14:54
Reviewer performed review: 2021-07-31 03:34
Review time: 5 Days and 12 Hours

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

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SPECIFIC COMMENTS TO AUTHORS

The paper presents an interesting case of a patient with isolated supraclavicular node metastases from colon cancer. It provides enough supporting evidence for the diagnosis, with complete diagnostic tests. It also discusses the management which is not standard due to the rarity of such cases, and yet is apparently effective. The manuscript also proposes a mechanism by with Virchow's node may develop from a primary colorectal cancer. Overall, it is a good paper although some minor revisions/clarifications would have to be made to improve on it: 1) "Pedicle polyp" might be better described as "pedunculated polyp" 2) Clarification needs to be made on the treatment regimen. It might be good to explain the initial chemotherapy regimen used since it what was mentioned was FOLFOX + capecitabine but the description in parentheses was CAPOX using a non-conventional dose (1 week of capecitabine only). FOLFOX + capecitabine is not a standard regimen. What was the basis for this regimen? And why was the treatment changed to capecitabine + cetuximab after supraclavicular node dissection? Why was cetuximab not given upfront with FOLFOX when K-ras was established to be wild-type in the beginning? 3) Discussion on supraclavicular node dissection can be added. What is the standard procedure? What is the role of P. aeruginosa injection and is it routinely done? Why was it given for this particular patient? 4) For all figures, more detailed description would be helpful for the reader to better appreciate the images. Arrows can be added in figure 3 to point out the polyp and in figure 4 to show which is carcinoma tissue. 5) For the immunohistochemistry pictures, it would be better to feature stains (whether positive or negative) that are more relevant in establishing the diagnosis of adenocarcinoma of sigmoid origin (i.e., CK7, CK20, CDX2, MLH1, MSH2, MSH6, PMS2).

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 68319

Title: Isolated synchronous Virchow lymph node metastasis of sigmoid cancer: A case report

Reviewer's code: 05625827
Position: Peer Reviewer
Academic degree: FASCRS, MD, PhD
Professional title: Lecturer
Reviewer's Country/Territory: Japan
Author's Country/Territory: China

Manuscript submission date: 2021-07-05
Reviewer chosen by: Jia-Ping Yan
Reviewer accepted review: 2021-09-06 23:39
Reviewer performed review: 2021-09-07 12:20
Review time: 12 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

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The manuscript has been revised well. I think this manuscript will be acceptable after a minor correction below has been done. 1. The last paragraph in the discussion section is duplicated in the conclusion. Please omit this whole paragraph.