

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 72507

Title: Primary sigmoid squamous cell carcinoma with liver metastasis: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02732296 Position: Editorial Board Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: China

Manuscript submission date: 2021-10-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-26 09:17

Reviewer performed review: 2021-10-26 09:49

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish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) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y] Yes [] No
Peer-reviewer	Peer-Review: [] Anonymous [Y] Onymous



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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Although the topic is interesting, the case is presented in a very disorganized way, making it very difficult to follow. The section headers are different from the commonly accepted styles and should be standardized. Introduction part: 1. "squamous carcinoma alone is rare, accounting for approximately 0.25% of all colorectal cancers." sentence needs citation. 2. "and its prognosis seems to be worse than that of simple adenocarcinoma." sentence needs citation. Final diagnosis part: 1. The reason for the need of peritoneal resection should be elucidated since peritoneal involvement dramatically affects prognosis. 2. Although it is noted that there were no metastatic lymph nodes, the number of harvested lymph nodes should be disclosed. Preoperative CT images of the liver proving it being metastasis free should also be added in the figures. Treatment part: 1. Since the liver metastasis seems to be confined to right posterior segments of the liver, the authors should elucidate why liver resection was not considered as a treatment option for the patient since the tumor appears to be insensitive to chemotherapy? Discussion part: 1. "Therefore, squamous cell carcinoma in the primary colon is very rare, and the incidence is about 0.025-0.1% of colon cancer." sentence needs citation. Overall evaluation: The topic is quite interesting and should be reported, however the authors needs to address the specific messages of this particular case and there is a bit of need for language polishing.



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Peer-review model: Single blind

Reviewer's code: 00503228 Position: Editorial Board Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Iran

Author's Country/Territory: China

Manuscript submission date: 2021-10-19

Reviewer chosen by: Xin Liu (Online Science Editor)

Reviewer accepted review: 2021-12-28 03:37

Reviewer performed review: 2021-12-28 16:05

Review time: 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
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The case is interesting because it is a rare one. However the presentation is not perfect, it is hard to follow and somehow confusing. I recommend authors have their article revised by someone more professional in scientific writing. Some questions: - had authors tested liver function tests at the time of tumor diagnosis, and if so, were they normal? Had the patient anemia in lab tests. A table of full lab tests results is appropriate. - More detailed data on surgical procedure, for example with what margin the tumor had been resected? If any regional lymph nodes had been resected for pathology? - Have you not performed ablative or irradiation therapies for the liver metastases? - If you investigated any of the found mutations in the liver metastasis was constitutional/germ cell (existing in every body cells; e.g. like in WBC)?



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Peer-review model: Single blind

Reviewer's code: 02445734

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2021-10-19

Reviewer chosen by: Xin Liu (Online Science Editor)

Reviewer accepted review: 2021-12-27 17:35

Reviewer performed review: 2021-12-28 23:45

Review time: 1 Day and 6 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] 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) [] Minor revision [Y] Major revision [] Rejection
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SPECIFIC COMMENTS TO AUTHORS

SCC of the colon is extremely rare (0.1% of all cases). Diagnosis requires finding no involvement of cloacogenic or squamous lined mucosa, no squamous cell carcinoma elsewhere and thorough sampling to exclude adenosquamous carcinoma. In this case, the authors state that the tumor is 30 cm away from the anal verge somewhat excluding cloacogenic embryologic nests as origins of the SCC (this is the most common mechanism to get SCC in the colon and should be added to the discussion). Issues: The paper should be really reviewed by a pathologist 1) The figure of the H&E stained slides is not very informative. It only shows the tumor but no normal structure of the colon. Also, the figure legend should state if the section came from the resection specimen. In terms of staging, the text says it was a pT4b. This means it grew into a neighboring organ or structure. Which organ or structure was it? It would be good to show tumor invasion into the organ/structure qualifying for a pT4b stage. At least show some muscularis propria with tumor going through the subserosal tissue into the peritoneum (use 2x objective). 2) The timeline of the case is not complete. When was the biopsy of the liver metastasis performed? What was the clinical stage of the tumor at initial colonoscopy. What was the pathological stage of the tumor after sigmoid colon resection. Was the liver metastasis already known at that time? The clinical stage at the time of diagnosis is important to define treatment strategy. Was up front systemic therapy offered and if not, why? None of these important clinical decision making facts are stated in the case report. 3) The figure legend of Figure 3 are not using normal pathological nomenclature. What is a "colonoscopic bite"? What does "post-operative colonization" mean? Is a "puncture of the liver metastasis" a needle core biopsy? What does "postcolonic" mean? 4) Exclusion of cloacogenic or squamous lined mucosa, no squamous cell carcinoma elsewhere and



thorough sampling to exclude adenosquamous carcinoma is not stated in the text.



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Peer-review model: Single blind

Reviewer's code: 02726183 Position: Editorial Board

Academic degree: FACS, MD, PhD

Professional title: Director, Full Professor, Surgeon

Reviewer's Country/Territory: Serbia

Author's Country/Territory: China

Manuscript submission date: 2021-10-19

Reviewer chosen by: Xin Liu (Online Science Editor)

Reviewer accepted review: 2021-12-27 20:51

Reviewer performed review: 2021-12-29 21:02

Review time: 2 Days

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	Peer-Review: [Y] Anonymous [] Onymous



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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Interesting case. Detailed description of surgical intervention will be interesting, as well as explanation of treatment of liver mets. Why you did not performed liver surgery in this case?



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Peer-review model: Single blind

Reviewer's code: 03004110 **Position:** Editorial Board

Academic degree: FACS, MD

Professional title: Associate Professor, Surgeon

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2021-10-19

Reviewer chosen by: Xin Liu (Online Science Editor)

Reviewer accepted review: 2021-12-27 14:29

Reviewer performed review: 2022-01-01 11:52

Review time: 4 Days and 21 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] 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
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Re-review	[Y]Yes []No
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I really appreciate reading this case report. I have some comments as follows: Abstract: it is not clear. It seems that the patient was operated for constipation and colon cancer found during the surgery. Itroduction: it seems too long. Most of the first paragraphs can be reported in the discussion and only summarized in the introduction. Treatment: what do the Authors mean for intensive CT? Moreover, in this section the Authors reported data regarding the followup and adjuvant treatment that overlap the section outcomes and followup. Discussion: it seems too long. Moreover, I would suggest a scientific English editing. Words as hemicolectum are not used. Perhaps the Authors mean hemicolectomy.



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Peer-review model: Single blind

Reviewer's code: 02823583 Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Academic Research, Doctor, Surgeon

Reviewer's Country/Territory: Sweden

Author's Country/Territory: China

Manuscript submission date: 2021-10-19

Reviewer chosen by: Xin Liu (Online Science Editor)

Reviewer accepted review: 2021-12-28 08:30

Reviewer performed review: 2022-01-05 08:13

Review time: 7 Days and 23 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
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for this interesting case report. I believe presenting rate/difficult cases sis essential for the help of other colleagues that knight come across similar challenges.