

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 77276

Title: Retrorectal mucinous adenocarcinoma arising from a tailgut cyst: Case report and

literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06125275 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Algeria

Author's Country/Territory: China

Manuscript submission date: 2022-04-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-23 16:07

Reviewer performed review: 2022-04-23 17:27

Review time: 1 Hour

Scientific quality	[Y] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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	[Y] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[Y] Yes [] No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

Can you explain the abbreviation RI of 0,55 in page 4 line 31? Just a technical point: By what way, have you extracted the specimen? By a Pfannestiel way or another mini-laparotomy. Please precised it. Have you used an endobag in the extraction? If yes, than mention it.



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Peer-review model: Single blind

Reviewer's code: 05910457 Position: Peer Reviewer

Academic degree: MBBS, MS

Professional title: Chief Doctor, Doctor, Surgeon

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2022-04-23

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-06-06 14:16

Reviewer performed review: 2022-06-06 14:21

Review time: 1 Hour

Scientific quality	[Y] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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	[Y] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No



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Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

Intrsesting case managed well i accept



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Peer-review model: Single blind

Reviewer's code: 05194798 Position: Editorial Board Academic degree: MD

Professional title: Director

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-04-23

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-06-06 09:51

Reviewer performed review: 2022-06-08 07:15

Review time: 1 Day 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
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

This manuscript is a case report of a patient with Retrorectal mucinous adenocarcinoma arising from a tailgut cyst which was surgically resected. This case will likely be of interest to clinicians in the field as it is a rare condition. Furthermore, a literature review should be useful for clinicians to diagnose and treat it. However, I have major and minor issues with this manuscript as described below. Major 1. The discussion section seems redundant. I recommend the authors should focus on the diagnosis and treatment of adenocarcinoma in TGCs based on the literatures. 2. Readers is likely to be interested in whether preoperative diagnosis of adenocarcinoma in TGCs is possible. Please provide detailed CT/MRI findings in each case, and discuss these findings. (Core tip) Please explain MDT and TGCs. 2. Chief complaints should be more summarized. 3. Please provide findings of enhanced CT scan in the main text. 4. The authors should describe TREATMENT section, followed by FINAL DIAGNOSIS.

5. Please provide mapping of adenocarcinoma, using the cross-section image of resected specimen. 3. The reason that the patients had received XELOX should be described in the OUTCOME AND FOLLOW-UP section. 4. There were some cases who was received chemotherapy and/or radiotherapy in spite of complete resection. Please explain why these additional treatments were required.



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Peer-review model: Single blind

Reviewer's code: 05755618 Position: Peer Reviewer

Academic degree: FACP, MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-04-23

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-06-06 07:17

Reviewer performed review: 2022-06-09 06:54

Review time: 2 Days and 23 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 [] 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



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

This case report described a rare case of the tailgut cyst accompanying retrorectal mucinous adenocarcinoma. The content of the article is exciting and contributes to accumulating another case. However, there are some concerns about this article. 1. In Abstract, "Many doctors ~ " is not scientific expression, so that they could say just rare case enough. 2. The authors state that the patient was not appropriately treated due to the COVID-19 epidemic. Did she infect SARS-Cov2? 3. In imaging examination, did they perform the enhanced MRI? Did they plan a PET examination to explore further metastasis? 4. XEROX is a brand name. Please use proper expression though out the article. 5. In Both discussion and conclusion, the authors denied a preoperative biopsy. However, in a cerein situation, it may be useful to diagnose for neoadjuvant treatment. These expressions are not suitable for this case report. The surgical approach mainly depends on the location of the tumor.6. The case presentation is too concise. 7. The number of refences are small and not-up dated.



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Peer-review model: Single blind

Reviewer's code: 05388269 Position: Peer Reviewer Academic degree: MD, RN

Professional title: Assistant Professor, Attending Doctor, Doctor, Nurse, Research

Assistant, Staff Physician, Statistician, Surgeon

Reviewer's Country/Territory: Philippines

Author's Country/Territory: China

Manuscript submission date: 2022-04-23

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-06-07 11:43

Reviewer performed review: 2022-06-13 08:33

Review time: 5 Days and 20 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	[]Yes [Y]No
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

TO authors: 1. No reference(s) for the whole INTRODUCTION section? 2. (Some patients have complications such as lower abdominal pain and perianal lesions, and many patients have no clinical symptoms. Due to the risk of complications, such as recurrent perianal suppuration). - Suggest to rephrase, "Patients may present with lower abdominal pain and..." (since it pertains to signs and symptoms; the complications follow after that) 3. Under Imaging examinations, what is RI (Spell out on first occurrence) 4. Choose which one format to use: 10*9 or 10x9 cm, and whether to use cm or mm; and use the same format all throughout the manuscript 5. Under please confirm "laparoscopic laparotomy"; conflicting terms 6. Who procedure? Specialty, experience 7. Include in discussion, application of minimally invasive surgery as an approach to treat TGCs. 8. Discuss previous literature about outcomes following XELOX therapy, recurrence rate/ relapse, OS; Discuss risk factors for malignant transformation 9. What is the ideal resection margin for TGCs suspected or preoperatively diagnosed with malignant component?



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05755618 Position: Peer Reviewer

Academic degree: FACP, MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-04-23

Reviewer chosen by: Jia-Ru Fan

Reviewer accepted review: 2022-07-08 12:07

Reviewer performed review: 2022-07-09 03:18

Review time: 15 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 [] Grade B: Minor language polishing [Y] 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	Peer-Review: [Y] Anonymous [] Onymous



statements

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

SPECIFIC COMMENTS TO AUTHORS

The authors have answered reviewer's comments and revised the article well.