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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 81504

Title: Small Bowel Adenocarcinoma in Neoterminal Ileum in Setting of Stricturing

Crohn's Disease: Case Report and Review of Literature

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05078269 Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Chief Doctor, Full Professor, Surgeon

Reviewer's Country/Territory: Brazil

Author's Country/Territory: United States

Manuscript submission date: 2022-11-14

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-12-20 00:43

Reviewer performed review: 2022-12-21 16:26

Review time: 1 Day and 15 Hours

Scientific quality	[Y] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish	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	[] Accept (High priority) [Y] 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

Our congratulations to the authors for the initiative to propose a theme of difficult interpretation and decision in the world literature. The writing is pleasant reading and very rich in information on the proposed topic. We suggest minor tweaks to the title, purpose, and discussion and hope the article will be published.



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Crohn's Disease: Case Report and Review of Literature

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04091850 **Position:** Editorial Board

Academic degree: DSc, MD, PhD

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: Denmark

Author's Country/Territory: United States

Manuscript submission date: 2022-11-14

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2023-01-03 18:04

Reviewer performed review: 2023-01-06 15:24

Review time: 2 Days and 21 Hours

	[] Grade A: Excellent [] Grade B: Very good [] Grade C:
Scientific quality	Good
	[Y] Grade D: Fair [] Grade E: Do not publish
	[] Grade A: Excellent [] Grade B: Good [] Grade C:
Novelty of this manuscript	Fair
	[Y] Grade D: No novelty



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Creativity or innovation of this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No scientific significance
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	[]Yes [Y]No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Even though being rare adenocarcinoma in the small bowel is a serious complication in patients suffering from Crohn's disease. For that reason it can be justified to discuss the condition based on a case story of relevance. However before the present manuscript can be recommended for publication changes have to be made. First of all it should be clarified throughout the manuscript whether the paper deals with adenocarcinoma in the small intestine complicating Crohn's disease or whether it deals with small intestinal adenocarcionomas in general. This is not obvious througout and much of the cited litterature does not deal with adenocarcinomas in Crohn's disease. This is a very important point since the condition should be dealt with differently in the two cases. I would suggest that the introduction and the discussion should focus only on adenocarcinomas in Crohn's disease as the case on which the paper is based deals with this matter. Not at least is this important since in the case of Crohn's the diagnostic



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challenges can be immense while there is only one solution in patients not suffering from Crohns disease should an obstructive matter occur in the small intestine namely surgery. Specific comments: History of past illness. It is somewhat shocking that the reason for not giving this severely ill Crohn's patient the correct treatment during her long disease course which would have been biologics was due to cost restraints! It should be noted at least in the discussion that early treatment with biologics could have changed the course of the disease. Discussion: The incidence rates given is not the same as noted in the introduction. Which is correct? It is stated that active surveillance for small bowel adenocarcinomas should be used i CD. Even though the condition is serious it is still rare in CD and no guidelines recommends surveillance. What is needed is the promp use of relevant diagnostics when the suspicion arises in individual patients. It is noted that the actual patient did not fit into the typical demographics. I strongly disagree. The present patient had suffered from long lasting severe stricturing CD not treated optimally. She is a high risk patient. The sensitivities and specificities given for MRE and CT in the detection of malignant lesions do not apply to detection of these lesions in stricturing Crohn's disease. Multidisciplinary care: As prevously noted I strongly disagree that the present patient is not by definition a risk patient for developing adenocarcionoma in the small bowel. Proposal of a novel algorithm: It is debateable whether DBE would be the method of choice if a suspicion of malignant transformation in a CD patient occurs. In such a patient there is a call for early surgery.