

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 85489

Title: Simultaneously metastatic cholangiocarcinoma and small intestine cancer from breast cancer misdiagnosed as primary cholangiocarcinoma: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06271841

Position: Peer Reviewer

Academic degree: N/A

Professional title: N/A

Reviewer's Country/Territory: Jordan

Author's Country/Territory: China

Manuscript submission date: 2023-04-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-04-29 21:31

Reviewer performed review: 2023-05-04 04:07

Review time: 4 Days and 6 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Minor revision <input 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

SPECIFIC COMMENTS TO AUTHORS

A case report about A 66-year-old woman was hospitalized with abdominal pain and jaundice. Imaging tests revealed a tumor in her bile duct and a possibility of primary bile duct cancer. During the surgery to remove the tumor, multiple tumors in the small intestine were discovered and removed. The postoperative pathology report showed metastatic bile duct and small intestine cancer. The patient had previously undergone surgery for breast cancer, and further tests revealed that the small intestine cancer and bile duct cancer were metastases from the breast cancer. The patient received chemotherapy and targeted therapy but eventually died due to tumor progression, thoracoabdominal infection, and sepsis 5 months after the surgery. The occurrence of these cancers simultaneously is rare and has a poor prognosis. Improved preoperative diagnosis can help avoid unnecessary surgical procedures, and treatment should focus on reducing symptoms, followed by chemotherapy and targeted therapy to control the progression of tumors and extend the patient's life. The manuscript is in a very good shape, it is an interesting case may gain so many interests. Limitation, like any case report, it has no statistical significance. One more limitation is that literature may

highlight recent BC and small intestine cancer progression comprehensive models. I suggest to highlight PMID: 34534703 and PMID: 35205681.

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Reviewer's code: 04419139

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Assistant Professor, Senior Scientist

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2023-04-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-05-13 02:48

Reviewer performed review: 2023-05-13 11:13

Review time: 8 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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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

SPECIFIC COMMENTS TO AUTHORS

Specific Comments to Authors: The manuscript presents a rare case of simultaneous metastasis of breast cancer to the bile duct and small intestine, highlighting its diagnostic challenges and poor prognosis. The authors effectively conveyed the clinical details and provided a comprehensive overview of the patient's history, examination findings, and diagnostic investigations. The original findings of this manuscript lie in the unique presentation of breast cancer metastasis to both the bile duct and small intestine. This case adds to the limited literature on such simultaneous metastasis and emphasizes the need for considering metastatic involvement in similar cases. The quality of the manuscript is commendable, with detailed descriptions of the patient's clinical course, laboratory results, and imaging findings. The immunohistochemical analysis provided valuable insights into the origin and characteristics of the tumors. The conclusions appropriately summarize the data and support the revised diagnosis of metastatic cholangiocarcinoma and small intestine cancer from breast cancer. The manuscript effectively highlights the diagnostic challenges associated with identifying metastatic involvement in the bile duct and small intestine. The discussion provides a clear

overview of the limitations of tumor markers and imaging techniques in preoperative diagnosis. The mention of potential diagnostic methods, such as PET/CT, ERCP, and fine-needle aspiration biopsy, adds to the importance of improving diagnostic accuracy. The limitations of the study include the lack of preoperative confirmation and the misdiagnosis of primary bile duct cancer. The authors could discuss the potential impact of these limitations on patient management and emphasize the importance of considering metastatic involvement in patients with biliary tumors and a history of breast cancer. Future directions for research could involve exploring more effective diagnostic methods and improving treatment strategies for breast cancer metastasis to the bile duct and small intestine. The manuscript prompts the authors to consider further investigations on this topic, such as the development of novel biomarkers or targeted therapies. This publication provides valuable insights into the clinical presentation, diagnostic challenges, and management of simultaneous metastasis of breast cancer to the bile duct and small intestine. It contributes to the existing literature by highlighting the importance of considering metastatic involvement in patients with biliary tumors and a history of breast cancer. Overall, the manuscript presents a well-documented case report and raises important considerations regarding the diagnosis and management of breast cancer metastasis. The authors should be commended for their thorough analysis and valuable contribution to the field.