

## Format for ANSWERING REVIEWERS



May 16, 2023

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 85489-review.doc).

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

**Author:** Xin Jiao, Mi-Mi Zhai, Fang-Zhou Xing, Xiao-Ling Wang

**Name of Journal:** *World Journal of Clinical Cases*

**ESPS Manuscript NO:** 85489

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated.

2. References and typesetting were corrected.

3 Revision has been made according to the suggestions of the reviewer

Reviewer #1: **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.

Answer:

Thanks for your precious suggestion,we will continue to do much work to prove my conclusion.We will further enrich the discussion section.

Reviewer #2: 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.

Answer: I agree to highlight PMID: 34534703 and PMID: 35205681.Thanks for your precious suggestion.

Thanks for your precious suggestion,we will continue to do much work to prove my conclusion.

Thank you again for publishing our manuscript in the *World Journal of Clinical Cases*.

Sincerely yours,  
Xin Jiao

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