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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 86082

Title: Single omental metastasis of renal cell carcinoma after radical nephrectomy: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03815884

Position: Peer Reviewer

Academic degree: MD

Professional title: Surgeon, Teaching Assistant

Reviewer's Country/Territory: Slovenia

Author's Country/Territory: South Korea

Manuscript submission date: 2023-05-31

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-06-30 09:04

Reviewer performed review: 2023-06-30 09:44

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" 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 Grade E: Do not publish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
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 type="checkbox"/> Grade A: Priority publishing <input checked="" 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

Dear Authors, The topic of your case report is interesting. Here are my comments:
Regarding CARE checklist - you wrote only Y? The abstract is too short. You can extend it by adding more data. You can also use more keywords. The case report section: - what type of CT you performed contrast enhanced (or not)? - why did you decide on performing the surgery on the same day (diagnosis and admission)? - you wrote: Biopsy showed pT3a clear cell RCC with Fuhrman grade III. - you probably mean histopathological evaluation of the specimen? or you took biopsies during the surgery? - during the surgery - you used endobag to remove the specimen or not? which approach you used to remove the specimen from the abdominal cavity (lower midline incision? left lower quadrant incision?) - you wrote: Positron emission tomography/CT (Fig. 3) was performed immediately, and the results were the same (mild hypermetabolic nodule in the left lower peritoneum). - what kind of PET/CT did you perform? - fig 1. please mark the tumor - you wrote: No metastatic lesion was observed in the most recent CT scan. - how recent is this CT scan? please, explain how long after primary surgery you performed CT (it was just abdomen CT/CTU or you performed also CT of the



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thorax and head?) -figure 2: please mark the metastatic lesion -figure 3: please mark the metabolic active node - when performing the second surgery how you identified the positive node? how you positioned the trocars (add more data about technical aspect of the surgery) - figure 4: it would be nice to have a ruler on 4A so we can see the size of the specimen; use asterisk, arrows to mark where are specific atypical clear cell nests, fibroadipose tissue - regarding therapy with pembrolizumab- did you decide on such treatment on multidisciplinary meeting? was the patient seen by oncologist or just urologist? what is the duration/scheme of application of pembrolizumab; does patient has any side effects so far? discussion: please comment on incidence of metastases of RCC in surgical wound through which specimen was removed/patient was operated



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Reviewer's code: 03862502

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: South Korea

Manuscript submission date: 2023-05-31

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-07-15 07:15

Reviewer performed review: 2023-07-18 08:47

Review time: 3 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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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

This is a manuscript regarding a single omental metastasis of RCC after Lt radical nephrectomy. Omental metastasis is rare. Authors speculate that some tumorigenic but nonmetastasizing neoplastic cells, which under normal conditions could not overcome the steps involved in the metastatic process, might have been transferred and facilitated in producing a new neoplastic colony. Specific comments 1. Authors performed pembrolizumab after resection of single omental metastasis. Pathological diagnosis of resected kidney was pT3a clear cell RCC with Fuhrman grade III. Please describe the reason for not doing adjuvant pembrolizumab after radical nephrectomy. 2. In case presentation session, "Biopsy showed pT3a clear cell RCC with Fuhrman grade III." Should be revised "Pathological diagnosis of resected specimen was pT3a clear cell RCC with Fuhrman grade III." 3. In the Figure 2 and Figure 3, authors should identify the site of omental metastasis by using arrow or arrow head.