



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 88736

Title: Metastatic pancreatic solitary fibrous tumor: A case report and review of the literature

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03908850

Position: Peer Reviewer

Academic degree: BSc, MD

Professional title: Doctor, Research Scientist, Staff Physician, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Russia

Author's Country/Territory: South Korea

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Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-11-14 20:20

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Review time: 1 Hour

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|-----------------------------------|--|
| 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 Grade E: Do not publish |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 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 |



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| 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 type="checkbox"/> Yes <input checked="" 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

Thank you for the possibility to review the manuscript titled: “Metastatic pancreatic solitary fibrous tumor: A case report and review of the literature”. The case report is interesting and easy to read. The authors provide a detailed overview of the case report and review of the available literaut. There are several minor recommendations: - Authors state “The mass was initially suspected as meningioma and the patient underwent osteoplastic craniotomy for removal”. Was there histology performed after removal? Histological evaluation of the specimen is a standard procedure. -Please expand the literature in the discussion section. Some of the possible articles can be borrowed from a similar case report of an abdominal wall pericytoma (Shabunin et al. Surgical treatment of a patient with hemangiopericytomaand subsequent abdominoplasty: a clinical case; 2023/38 (4): 166-169). Please add and discuss the criteria of malignancy for solitary fibrous tumor. Please analyze the metastatic pathway of dissemination in this case. Please take



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7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

into account the recommendations in the spirit of improving the quality of the submission.

Thank you for reviewing our case report.

1. Authors state “The mass was initially suspected as meningioma and the patient underwent osteoplastic craniotomy for removal”. Was there histology performed after removal? Histological evaluation of the specimen is a standard procedure.

The pathologic diagnosis was solitary fibrous tumor with hypercellularity, focal moderate to marked cellular atypia, 0-1 mitosis per 10 HPF, and margins indeterminate. Immunohistochemical stain showed positive for vimentin, Bcl-2, and CD34, and negative for EMA, GFAP, S-100, CD99, SMA, and CD56.

2. Please expand the literature in the discussion section. Some of the possible articles can be borrowed from a similar case report of an abdominal wall pericytoma (Shabunin et al. Surgical treatment of a patient with hemangiopericytoma and subsequent abdominoplasty: a clinical case; 2023/38 (4): 166-169).

The differential diagnosis of benign and malignancy is important, however, there is no diagnostic criteria established to date^[17]. One study investigated 82 patients and suggested that malignant histology, compared to benign, was associated with larger tumor size, higher mitotic counts, and metastatic disease at diagnosis, while gender, age, and tumor site showed no significant difference^[18]. Another study reported that approximately 12-22% of SFTs were malignant^[9], and were associated with features like nuclear atypia, marked hypercellularity, tumor size larger than 5 cm, a mitotic rate greater than 4 per 10 HPFs, and tumor necrosis^[19, 20]. It is difficult to determine whether SFT is malignant or benign, and even when it is considered benign, it can recur aggressively^[21].



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3. Please add and discuss the criteria of malignancy for solitary fibrous tumor. Please analyze the metastatic pathway of dissemination in this case.

In our case, the brain hemangiopericytoma that first occurred was the size of 8 cm and pathology showed hypercellularity, nuclear atypia, and indeterminate margins. The recurred brain hemangiopericytoma showed moderate nuclear atypia and moderate cellularity. Both cases showed factors that were reported to be associated with malignancy.