

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Oncology

**Manuscript NO:** 62329

**Title:** Intestinal metastasis from breast cancer: presentation, treatment and survival from a systematic literature review.

**Reviewer's code:** 05426676

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Norway

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2021-01-05

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-01-06 06:46

**Reviewer performed review:** 2021-01-06 13:21

**Review time:** 6 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

The authors present a review of the literature regarding presentation, diagnosis, treatment and survival of patients with intestinal metastasis from breast cancer. This is a rare condition but important to be aware of especially in cases of emergency settings. Surgery of metastatic lesions is usually not routine practice in case of metastatic breast cancer as opposed to for instance metastatic cancer of the colon or the rectum. Therefore these patients will probably not have planned surgery, but in case of emergency situations like bowel obstruction, bleeding or perforation, this type of surgery may be indicated. This will not be curative treatment from what we know from the literature today, but it will relieve the patient from pain and suffering and probably extend time to death. Abstract Results: ...we found 96 cases of intestinal metastasis of breast cancer Do they mean 96 individual cases or 96 publications? ... Metastatization involved large bowel (cecum, colon, sigmoid, rectum) (49/96; 51%), small bowel (duodenum, jejunum, ileum) (47/96; 49%), and anum (4/93, <1%). Metastatization - misspelled; metastasization Introduction First reference is cancer statistics from 1996. It would be better to have more updated statistics. The same goes for reference numer two, SEER cancer statistics from 1995. This actually goes for the first five references. Even in case of early diagnosis and application of new therapies, approximately 50% of patients are still at risk of developing distant metastasis. The most common metastatic sites of breast cancer are lymph nodes, bone, lungs, liver, and brain. 50% must be a too big number of patients with metastatic disease of breast cancer. Metastasis to the regional lymph nodes is still considered a loco-regional disease with treatment in a curative intention. This should therefore not be considered metastasis in the same extent as distant metastasis. Again with a more recent cancer statistic reference this number would be much smaller. Method Well described Results Table 1 is nice It is very interesting that lobular

carcinoma more often metastasize to the GI. Lobular carcinomas usually accounts for 15% of the invasive carcinomas and therefore it is interesting that they account for 58% of the metastatic cases. In many cases the diagnosis was made in emergency, for bowel obstruction (39), bleeding (10) and perforation (2). Other patients complained symptoms such as pain, changes in bowel habits, and in few patients the diagnosis was incidental. I think it would be better to put in the actual number of patients in the different categories, in addition to the percentage. Diagnosis was achieved through endoscopy (esophagogastroduodenoscopy, colonoscopy or video capsule enteroscopy), radiological examination (computed tomography, MRI, barium enema or PET) or both endoscopy and radiological imaging. How many was diagnosed with the different modalities? The other patients started or continued medical therapy (18) such as hormone therapy and chemotherapy. How many had hormonal therapy and how many had chemotherapy, and also what type of chemo was given? Median overall survival of patients included in this review was available for 46/96 pts (<50%); median survival estimated from the available data was around 12 months. Why was survival data only available for less than 50%. This is a limitation to the study and is nicely described and discussed in the discussion section Discussion Syntoms Symptoms – spelling! There are some more small spelling mistakes in this section It is very good that the author discuss how they differentiate between metastasis from breast cancer and other site of origin. The treatment is as they discuss totally different and it is mandatory for the clinicians to be aware of these differences Conclusion Good and informative conclusion demonstrating the importance of the manuscript.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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<b>Scientific quality</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input 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
<b>Language quality</b>	<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
<b>Conclusion</b>	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer statements</b>	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

The Authors have made the suggested revision made by the reviewer. I think this manuscript should be accepted for publication. It is a very interesting material With a Nice overview and good conclusion made.