

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 35550

Title: Leptomeningeal metastases originated from esophagogastric junction/gastric cancer: A brief report of two cases

Reviewer's code: 00502831

Reviewer's country: Japan

Science editor: Jin-Xin Kong

Date sent for review: 2017-07-27

Date reviewed: 2017-07-31

Review time: 4 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors presented two patients with leptomeningeal carcinomatosis and primary site diagnosis of EGI and GC. These are interesting rare cases and the article was well written. But I have some comments. #1. There were no pathological and macroscopic figures. So the authors should present the figure of histological figures including biopsy, resected specimen and cytology of case 1,2, and figures of macroscopic resected specimens of case 2. #2. There was long episode of case 2. So the authors should add the schema including movement of tumor markers, chemotherapy, and findings of MRI,

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Title: Leptomeningeal metastases originated from esophagogastric junction/gastric cancer: A brief report of two cases

Reviewer's code: 00204529

Reviewer's country: United States

Science editor: Jin-Xin Kong

Date sent for review: 2017-07-26

Date reviewed: 2017-08-02

Review time: 7 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors report an interesting case report of late relapse of esophageal cancer with leptomeningeal disease with actual response to intrathecal therapy. The manuscript needs care English correction and editing given poor language used. It should be stressed that the literature reviewed reflects various solid tumors with highly variable prognosis, including breast cancer. Esophagogastric cancers are highly virulent and often very aggressive tumors, and many debate whether leptomeningeal disease merits any attempt at therapy or intervention other than supportive care measures. The one case presented is of interest given that the patient had some response and benefit from treatment, and that the recurrence was late. The other case, with presentation of leptomeningeal disease, is a good counterpoint as this patient deteriorated quickly and arguably did not merit an attempt at therapy. Specific comments are outlined below:



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https:// www.wjgnet.com

Abstract: Please correct extremely poor use of English. The sentence “related with survival long course or disease aggressiveness and diffuse spread” is nonsensical. Leptomeningeal disease is rarely associated with either a long course or survival, and yes the rapidity of the disease course is related to the aggressiveness of the underlying disease. Diffuse spread is of what, the underlying cancer, or the diffuse nature of leptomeningeal spread of disease throughout the brain and spinal chord? It is unclear why “repeat CSF analysis” is mandatory if a clinical diagnosis is made on MRI, and if there are no therapy options? Definitive diagnosis should be pushed for if therapy is feasible or planned. **Literature review:** In the larger series reviews, the authors need to indicate how many of the patients reported had GI or esophagogastric cancers. Diseases like breast cancer have a more indolent history and a track record of response to intra thecal therapy. The statement that brain metastasis makes the blood brain barrier permeable to systemic therapy is highly speculative and generally has been seen in only more highly chemotherapy response cancers such as small cell cancer, and this statement needs to be qualified. The need to identify new therapies for this rather rare complication of solid tumors is not “extreme” and likely will not be the high focus of any new drug development. The development of novel agents to penetrate the CNS however remains a priority given the prevalence of brain metastasis in common diseases. That being said immunotherapy agents appear active in this setting in immunotherapy responsive diseases.

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Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 35550

Title: Leptomeningeal metastases originated from esophagogastric junction/gastric cancer: A brief report of two cases

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
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		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This report presents two rare cases of leptomeningeal carcinomatosis (LMC) with esophagogastric junction or gastric cancer (EGJC or GC) origin. Although this case report was informative, there are points as described below to be clarified. Major revision 1. In Discussion (p5), the authors described that "there are no data from multicenter prospective studies to support the superiority of intrathecal (IT) chemotherapy versus best supportive care" such as reference No. 16, although cytology negative conversion by IT chemotherapy may improve survival in retrospective studies such as reference No. 14 and 15. How about? Moreover, the regimens of IT chemotherapy (plus radiotherapy (RT)) for EGJC or GC are possibly distinguished from those of other solid tumor? 2. In Discussion (p4), the MRI brain specificity is 77%, but its range? Moreover, in next sentence, imaging studies reveal what kind of findings? So, it is



**Baishideng
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7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https:// www.wjgnet.com

desirable to additionally show CT negative findings to compare with MRI positive findings in Figures. 3. In Case 2, it is not necessary to keep private information on the detailed date such as "02/11/2009 and 28/01/2016". Moreover, the sentence of Case 2 should be shortened based on a focus of LMC like that of Case 1. Minor revision 1. Table 1 is separated in the contents. Which of GEJ or ECJ? 2. The abbreviation such as CT, GI, IT, PET etc should be not used first. 3. In Case 2, CA19.9→CA19-9? He received in October and in December 3 and 5 applications respectively with good clinical response→He received 3 and 5 applications with good clinical response in October and in December 2009, respectively? 4. In Discussion (p4), after sampling of CSF examination→after sampling of CSF examination,(comma) ? The MRI brain sensitivity and specificity are 66-76% and 77% respectively→The sensitivity and specificity of the brain MRI are 66-76% and 77%, respectively 5. In Discussion (p5), systematic therapy it is believed could be effective→it is believed (that) systematic therapy could be effective? 6. In References (No. 16), treatedwith→treated with (space)?