

## PEER-REVIEW REPORT

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

**Manuscript NO:** 38286

**Title:** Atypical anastomotic malignancies of small bowel after subtotal gastrectomy with billroth II gastroenterostomy for peptic ulcer: Report of three cases and review of the literature

**Reviewer's code:** 03529755

**Reviewer's country:** Turkey

**Science editor:** Li-Jun Cui

**Date sent for review:** 2018-02-07

**Date reviewed:** 2018-02-08

**Review time:** 1 Day

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

I'd congratulate all the authors for this paper. It is not an uncommon clinical entity was described after gastroenterostomy, however reviewing the literature is usefull side



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of the paper. It was written properly. I would like to accept the paper as it is.

#### INITIAL REVIEW OF THE MANUSCRIPT

##### *Google Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

##### *BPG Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

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

**Manuscript NO:** 38286

**Title:** Atypical anastomotic malignancies of small bowel after subtotal gastrectomy with billroth II gastroenterostomy for peptic ulcer: Report of three cases and review of the literature

**Reviewer's code:** 00722239

**Reviewer's country:** Japan

**Science editor:** Li-Jun Cui

**Date sent for review:** 2018-02-07

**Date reviewed:** 2018-02-09

**Review time:** 1 Day

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

The authors presented three cases of small-bowel malignancy after gastrectomy for benign lesion. Although it is not conclusive, this report suggests the potential of



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long-term carcinogenetic effect on small intestine by gastrectomy with Billroth II gastroenterostomy. I have interest in this paper and consider worth publishing but I have some specific comments. 1. Title: The title does not match the content of paper. I consider title should involve the key words of “small intestine” and “Billroth II”. Example: “Atypical Anastomotic Malignancies of small intestine after Subtotal Gastrectomy with Billroth II gastroenterostomy for Peptic Ulcer: Report of Three Cases and Review of the Literature”. 2. Pathological diagnosis of ALCL: I can agree the pathological diagnosis of ALCL. However, the authors documented that the tumor call partial positive for cytokeratin (CK) AE1/AE3. Usually, ALCL is negative for CK. I wonder these CK-positive cells are remnant epithelial cells. Please check the pathology. 3. In discussion, first paragraph, “They (small-bowel adenocarcinomas) are believed to arise from premalignant adenomas”, what is the evidence for it. 4. In Figure 2, please indicate the location of oral side, anal side, anastomosis, the tumor, efferent loop, and afferent loop by arrows or arrowheads.

## **INITIAL REVIEW OF THE MANUSCRIPT**

### ***Google Search:***

- ☐ The same title
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- ☐ Plagiarism
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### ***BPG Search:***

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- ☐ Plagiarism



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[Y] No

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

**Manuscript NO:** 38286

**Title:** Atypical anastomotic malignancies of small bowel after subtotal gastrectomy with billroth II gastroenterostomy for peptic ulcer: Report of three cases and review of the literature

**Reviewer's code:** 03026970

**Reviewer's country:** China

**Science editor:** Li-Jun Cui

**Date sent for review:** 2018-02-07

**Date reviewed:** 2018-02-13

**Review time:** 6 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

In this review, the authors report three cases of malignancy after subtotal gastrectomy.

Unlike cases reported before, the tumors are originated from the Braun anastomosis of

Billroth II gastroenterostomy. This review is not only report these cases for the first time, but also provide a mechanism of its canceration. Considering the long history of Billroth II gastroenterostomy and time interval between surgery and canceration, it is worthy for surgeons to pay attention to this situation. However, several questions need to be addressed: Major issues: 1. In case 3, the patient did not go through Braun anastomosis and the tumor was originated from the efferent loop. Also, lymphoma is a hematological malignancy whose pathogenesis is not the same as gastrointestinal adenocarcinoma, and there is no clear link between gastrointestinal lymphoma and gastroenterostomy. Thus, case 3 is not quite fit the topic “anastomotic malignancies” and needs to be removed. Otherwise the title should be changed and not confined to anastomotic malignancies. 2. The clinical information of patients is really not enough: 1) In case 1, the author didn’t mention that how long the patient had the symptoms and when the patient made the operation; 2) None patients have the information such as physical examination, laboratory results, the image of endoscopy or CT scanning, history of tumor and the size of the tumor; 3) In case 3, the author didn’t talk about whether the patient had a chemical therapy, a *Helicobacter pylori* examination and how was his prognosis. 3. The part of discussion needs to be modified as the authors haven’t a deep analysis of the case. 3. Minor issues: 1. The language of this review needs to be polished. 2. Some legends are needed in figure 2 to clarify the anatomy structure and point out the tumor. 3. The PMID of reference 6 is incorrect.

## INITIAL REVIEW OF THE MANUSCRIPT

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[ ] Plagiarism

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**Manuscript NO:** 38286

**Title:** Atypical anastomotic malignancies of small bowel after subtotal gastrectomy with billroth II gastroenterostomy for peptic ulcer: Report of three cases and review of the literature

**Reviewer's code:** 03259512

**Reviewer's country:** Australia

**Science editor:** Li-Jun Cui

**Date sent for review:** 2018-02-07

**Date reviewed:** 2018-02-18

**Review time:** 10 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

The paper (38286) presents 3 cases of a rare small intestinal tumours. Authors claimed that this is the first reported cases of Braun anastomosis adenocarcinoma following

partial gastrectomy for benign disease. Although the described tumours are rare, the findings are of some interest to GI surgeons and oncologists. However, the manuscript requires major revision as some important data is missing. The authors did some search and found partially similar cases. The authors wrote that they reviewed the literature in this area. If so, the table that combines all found/published cases and new discovered cases (3 cases) should be constructed and included in the revised version of the paper. The table should include the mentioned data by Masataka Takebayashi et al.[23] , Jessica F. Rose et al.[24] etc.(see page 10) Figure 3 was not cited in the text. The sample was collected from which patient? Page 7. The author wrote: "They were also positive for vimentin, EMA (epithelial membrane antigen), CD7, CD43, and MUM1. Partial positivity was for the antigens CD138, p53, CD38, CD45RO (LCA), perforin, and AE1/AE3 (cytokeratin). The large cells were negative for the expression of CD2, CD3, CD5, CD4, CD8, ALK, CD56, CD20, CD79a, PAX5, CD45RA, TIA1, CD15, myeloperoxidase (MPO), lysozyme, and EBV-LMP1." However, there are not data presented to support these statements. Authors should include data or remove the text. The inclusion of additional data is more desirable as it will increase the quality of the presented cases. The authors also mentioned similarities with Non-Hodgkin lymphomas (NHLs). However, the blood tests were not presented for any of the described patients in the study, although it seems that the authors should be able to access those blood tests. Page 8: the authors should be more precise with their writing: "Bleeding, like our case,..." which "our case" ? please clarify. Please expand figure legends, as the presented information is very limited.

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**Manuscript NO:** 38286

**Title:** Atypical anastomotic malignancies of small bowel after subtotal gastrectomy with billroth II gastroenterostomy for peptic ulcer: Report of three cases and review of the literature

**Reviewer's code:** 03656586

**Reviewer's country:** China

**Science editor:** Li-Jun Cui

**Date sent for review:** 2018-02-07

**Date reviewed:** 2018-02-20

**Review time:** 12 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

1. In the article, the first case have no mention of how long the patient who developed small-bowel malignancy has been found after subtotal gastrectomy for ulcer and



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surviving after second surgery. 2. The article refers to the patient who has undergone the upper gastrointestinal endoscopy, please show these pictures. 3. The third case mentions this patient who has been evaluated for anaplastic large cell lymphoma. Is the tumor only found in the beginning of the efferent jejunal loop? it doesn't mention where other gastrointestinal has tumor.

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- ☐ [Y] No