

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 48521

Title: Abdominal Metastases of Soft Tissue Sarcoma – A Systematic Review.

Reviewer's code: 01047751

SPECIFIC COMMENTS TO AUTHORS

“Abdominal Metastases of Soft Tissue Sarcoma – A Systematic Review” Comments on the article submitted to the World Journal of Gastroenterology by M.A. Smolle et al

Author : P.N. Lee

Date : 21st March 2019 I am commenting on this as an epidemiologist/statistician familiar with meta-analysis, not qualified in medicine but also quite used to dealing with data on pathology. One main interest of the paper is to estimate the incidence of abdominal metastases (AM) and retroperitoneal metastases (RM) in patients with primary extremity soft tissue sarcoma (eSTS). In assessing this I found the single table (perversely labelled TABLES rather than Table 1) to be rather confusing. For a start I would separate out the eight case reports and also the study by Rehders into a different table, as every person considered had metastases, and this tells us nothing about the incidence of metastases. The other eight publications could be considered in a separate table, which would lose the column “Type” as all are original articles and have separate columns giving the number of eSTS, the number of metastases, and the percentage of metastases out of the number of eSTS. Looking at these eight publications I have comments on a few. Grimme – mentions 38 STS; should this be 38 eSTS? King, Gorelik – why are we mentioning extra-pulmonary metastases? Is not the interest in AM/RM only? Gorelik – why are we mentioning myxoid liposarcoma twice? Lev-Chelouche –

how many patients with eSTS? Ogose – says 24 with eSTS out of 282 with AM. Is this a mistake? One is concerned with number with AM out of number with eSTS. From the data provided we can compute the following rates: Grimme $5/38 = 13.2\%$ Liver Thompson $7/140 = 5\%$ AM King $7/124 = 5.6\%$ AM Gordelik $4/33 = 12.1\%$ AM Behranwala $19/2127 = 0.9\%$ AM Lev-Chelouche $10/? = ?\%$ RM Ogose $24/282 = 8.5\%$ AM Sheah $11/112 = 9.8\%$ 9 AM + 2 RM Why is the rate not always given in the Table? Why does the abstract refer to the incidence of AM ranging from 0.9% to 5.6%? It seems to be higher in Gordelik and Sheah and also in Ogose if I have the data correct. This comment also relates to the bizarre statement in Results/Incidence where it starts by stating the incidence ranges up to 5.6% and then says it may be higher! Why does the title of the paper refer to “Soft Tissue Sarcoma” and not to “Primary Extremity Soft Tissue Sarcoma” which is the actual subject of the paper? I note that RM are not mentioned in many of the studies. Does this mean there were none? This should be made clear. Can conclusions for AM be applied to AM and RM? While the English is generally fine, I noticed that in the “core tips” the phrase “reported to as high as” should read “reported to be as high as”, and that in the discussion/incidence line 2 it should be “varied” and not “was varied”.

AUTHOR RESPONSE:

Tables have been restructured according to the reviewer's suggestions.

Incidences have been corrected in the abstract and manuscript.

Rates of AM or RM are now likewise provided in the tables.

The title has been changed to “Abdominal metastases of primary extremity soft tissue sarcoma – A systematic review”, as suggested by the reviewer.

Conclusions are applicable to both AM and RM, considering that they are diagnosed and treated

similarly. This information has been added to the manuscript.

Grammatical errors in the “core tips” have been corrected accordingly.

Reviewer’s code: 00066723

SPECIFIC COMMENTS TO AUTHORS

The manuscript is a short literature review with a clear take-home message. The manuscript deals with a rare tumor type (STS of the extremities) in combination with the rare event of abdominal and retroperitoneal metastases, explaining the rather limited number of references that is reviewed. I have a few remarks. Minor comments: 1. I fail to see why the authors did not include publications before the year 2000. In fact the authors themselves identify this as a limitation of their study. The authors should at least indicate clearly why this has not been done. 2. Page 3, line 12 – “The occurrence of these rare metastases....” Omit rare as it occurs twice in this sentence. 3. It is unclear whether the patients received adjuvant radio- or chemotherapy. Please specify more explicitly. 4. Page 8, 9 – Explain abbreviation CTX. Also add it to the list of abbreviations. 5. Page 9 – Clearly summarize the main conclusions under a separate header “Conclusions”.

AUTHOR RESPONSE:

A statement why studies prior to 2000 were not included is now provided in the methods section. The main reason is that imaging and pathological diagnostics as well as treatment modalities (administration of radiotherapy and chemotherapy) have changed – and improved – over the last 20 years. In order to provide comparable information regarding incidence and outcome, studies published within the last two decades were included.

“Rare” has been deleted after “these” in the respective sentence.

Information on radio- and chemotherapy is now provided in Tables 1 and 2.



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The abbreviation CTX is now explained and has been added to the list of abbreviations (together with radiotherapy – RTX).

Conclusions have been summarized under a separate header.