



PEER-REVIEW REPORT

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Title: Concurrent hepatocellular carcinoma metastasis to stomach, colon, and brain: a case report

Reviewer's code: 00183481

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: South Korea

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Reviewer chosen by: AI Technique

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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 Grade E: Do not publish
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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input 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



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SPECIFIC COMMENTS TO AUTHORS

The authors presented a very rare case with concurrent metastases to multiple organs. Brain metastasis is surgically resected successfully but the patient was died six weeks after the treatment. Immunohistochemical study with CD44 showed aggressive phenotype of the metastatic hepatocellular carcinoma (HCC). Some papers have already indicated aggressive treatments for metastatic tumors may improve prognosis of the patient with HCC. Novel findings are not proposed from this case report. Further analysis and detailed discussion should be performed. Major points: 1. This case had a short survival comparing reported cases (Jiang XB et al. BMC cancer 2012). The reason may depend on the aggressive phenotype of HCC, with cancer stems cell marker. Other markers (e.g. CK7, CK19, or vimentin) should be checked in both primary and metastatic HCC. 2. Clinical course should be clearly showed. The latest HCC was intrahepatic metastasis or metachronous HCC? Was primary HCC controlled clinically by the hepatectomy? Why metastatic HCCs were disseminated from the primary HCC that was surgically resected three years before an admission? 3. Please discuss other treatment options. The author has mentioned "the optimal treatment was sorafenib". The aggressive surgery does not seem expand the patient's survival. The recent progress of the multi-kinase inhibitors should be discussed. Minor points: 1. Laboratory data should be noted, including coagulation and liver function tests. 2. Was autopsy or autopsy-imaging conducted for assessment? 3. Did the patient himself provide a written informed consent for the publication?