



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 55612

Title: Gastrointestinal Stromal Tumors in 2020

Reviewer's code: 02845261

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Greece

Author's Country/Territory: United States

Manuscript submission date: 2020-03-25

Reviewer chosen by: Ruo-Yu Ma

Reviewer accepted review: 2020-04-01 15:59

Reviewer performed review: 2020-04-06 20:04

Review time: 5 Days and 4 Hours

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 Grade E: Do not publish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 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

Critique -This paper represents a review study regarding the “Gastrointestinal stromal tumors in 2020” written by a single author. It is an interesting paper which can be published after major revision. The following points should be addressed: -The paper should be seen and corrected by a person proficient in medical English. It contains syntactical and grammatical errors and requires editing (spaces between words in several sites, etc.). Some errors are following: Page 4, line 25, tyrosine kinase inhibitor (TKA) imatinib. should be corrected as ...(TKI) imatinib mesylate. Page 5, line 15: pulomanry-- pulmonary Page 6, line 11: epitheloid should be corrected as: epithelioid Page 7, line 6; small bowel bleed, should be corrected as small bowel bleeding. Page 7, line 24: anintramural introphytic, should be corrected as: an intramural endophytic... Page 15, line 19: diagnosi and mutational should be corrected as: diagnosis and mutational. -Page 3, Epidemiology. In this section the author should mention that the real incidence is not known because a lot of tumors have not been tested for the KIT or the PDGFRA gene mutations. -Page 4, Pathophysiology. The author has efficiently described the genetic background of GISTs. -Page 5, last paragraph: GISTs are well circumscribed tumors...This paragraph should be under the section/title Histology. -Page 6, Clinical aspects. The author should mention that occasionally tumor rupture into the peritoneal cavity may also cause intraabdominal bleeding and peritoneal seeding of tumor cells (Machairas A, et al. Dig Dis Sci 2010; 55: 3315-3327). -Page 7, Diagnosis. The author may add that: The main drawback of CT is inability to differentiate between inflammatory adhesions and involvement of contiguous organs. In case of large gastric GISTs it is often difficult to decide if the tumor arises from the stomach, pancreas, liver or colon. (Machairas et al. Dig Dis Sci 2010; 55: 3315-3327). -Page 14, Endoscopic resection. Indeed endoscopic treatment is efficacious for the treatment of GISTs of the upper GI tract, for patients with no recurrence or metastases



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(Marcella C, et al. Clin Endosc 2020; 2019). The author should specify that this treatment is used mainly for the upper GI tract. -Page 18, first paragraph. Since there are no specific recommendations, follow up in these patients is based on the clinician's opinion taking into account the tumor site, size and mitotic index (PDQ Adult Treatment Editorial Board. National cancer Institute (US): 2002-2019). The author should add a paragraph for the follow up and survival in these patients, and shorten the Summary section (page 20). -Page 18, 2nd paragraph. Treatment of unresectable, metastatic or recurrent GISTs. The author has described the current treatment for advanced disease briefly without having reported any results from literature. One recent paper is the one of Wang J et al. Medicine 2020; 99(9): e19275, in which series significant tumor shrinkage was observed in almost 30% of cases, by using preoperative imatinib. -Although the title of the paper is GISTs in 2020, the references are not very recent. The author should add recent bibliography from the last 3 years and probably change the title as "Recent advances in the management of GISTs".



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Manuscript NO: 55612

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Reviewer's code: 02803865

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: France

Author's Country/Territory: United States

Manuscript submission date: 2020-03-25

Reviewer chosen by: Jin-Zhou Tang

Reviewer accepted review: 2020-04-14 12:01

Reviewer performed review: 2020-04-17 08:12

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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SPECIFIC COMMENTS TO AUTHORS

The author report a review (update-type) on gastrointestinal stromal tumors. The topic is of interest. The manuscript requires extensive revision for publishing. Standard requiremenets should be fulfilled: page numbering, uniform font format, uniform reference format (ex page numbers format). The main timepoints in the evolution of the GIST concept should be clearly pointed out: ex diagnosis issues (HE, electron microscopy, IHC: CD34, CD117, subsequent antibodies)/ex note years for the beginning of use of CD34, CD117 for the diagnosis of GIST. The same for treatment types. The authors could also include brief informations on extra-digestive GIST and on composite tumors with a GIST component. The evolution of classification systems could also be presented. The reference and year would be of interest (ex tables).