

PEER-REVIEW REPORT

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" 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

SPECIFIC COMMENTS TO AUTHORS

This manuscript is a nice, updated summary on calcifying fibrous tumor (CFT) in the gastrointestinal (GI) tract. This update is a useful summary, as CFT has been increasingly recognized in the GI tract in recent years, whereas older literature has primarily focused on it as a soft tissue tumor. I have a few significant suggestions for revision, and a few very minor suggestions.

Suggestion #1 The authors have a section discussing the possible pathogenesis of CFT, discussing the hypotheses that CFT may be related to either IgG4-related disease (IRD) or inflammatory myofibroblastic tumor (IMT). However, prior literature has suggested other relationships, as well. Several reports of CFT co-existing with hyaline vascular type Castleman disease exist (for example, PMID 31160859, 10605414) and with sclerosing angiomatoid nodular transformation of the spleen (SANT) (PMID 20021608, 17389168). CFT has also been proposed to be a reactive proliferation after trauma (PMID 31160859, 9413045). Additional discussion of the relationships to hyaline vascular type Castleman disease, SANT, and trauma, as well as the possibility that CFT may simply represent an end-stage process without regard to a specific etiology, should be included.

Suggestion #2 The authors include a broad list of differential diagnostic considerations. However, the authors do not mention reactive nodular fibrous pseudotumor (RNFP) (PMID 12657940), which is morphologically perhaps the most similar lesion to CFT, being a paucicellular mass lesion with abundant collagen and sparse lymphoid infiltrate. A brief paragraph addressing the similarities and differences between CFT and RNFP should be included.

Very minor suggestions On page 6, paragraph 2, "positive" should be "positively". On page 6, paragraph 3, "positive" should be "positively". On page 6, paragraph 3, "IgG4-related lesions" should be "IgG4-related disease" On page 8, paragraph 1, "from molecular level" should be "at the molecular level".