



PEER-REVIEW REPORT

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Title: De novo multiple primary carcinoma in a patient after liver transplantation

Reviewer's code: 03479136

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

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Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2021-01-15 14:20

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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 Grade E: Do not publish |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 checked="" type="checkbox"/> Minor revision <input 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

This is a case report of a liver transplant recipients developing a gastric and a lung malignancy after surgery. De novo malignancies are one of the leading mortality causes late after liver transplantation, but it has been rarely reported in the literature the occurrence of multiple solid malignancies in the same patient. Nevertheless, I would like to point out some concerns:

Introduction: - Appropriate references should be provided for the first sentences of the first paragraph

Case report: - It would be relevant to report the details of the pre-transplant centre screening protocol. - What was the triple immunosuppressive regimen based on, apart from FK? Was the maintenance regimen different from the postoperative one? What was based on and with which doses/trough level goals? - The presence/absence of all known risk factors for gastric and lung cancer development in this patient should be described - The Authors should mention if they adopt a malignancy screening protocol after transplant, and if so, how it is structured - The result of the PET-CT is not described clearly: was the lung nodule avid? Was it suspected to be a metastasis from the gastric tumour? - Details about the medical oncology evaluation about the opportunity of giving/not considering the patient for adjuvant chemotherapy should be provided

Discussion: - "Generally, the prognosis of MPC is poor, and the prognosis of SC after liver transplantation is worse.": appropriate references to support this statement should be provided - Would be interesting to report the probability/incidence of developing MPC in the general non-transplant population - Since the Authors state: "It has been suggested that for patients after LT, those who are <40 years old need to undergo gastroscopy once every 2 to 3 years, and those who are ≥40 years old need to undergo gastroscopy once every 2 years." But it appears that this screening protocol was not adopted, and the patient underwent a gastroscopy only >3 years after LT and because symptomatic. How do the Authors justify it? - "Therefore, it is necessary to screen the recipients after LT with chest CT. For



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liver transplant recipients >40 years old, especially smokers, low-dose spiral CT should be routinely performed for lung cancer screening” did the Authors adopt this screening they mention, if not, why? - “early screening of new malignant tumors after LT and adjusting the immunosuppressive regimen into mTOR inhibitors are effective strategies to delay the progression of disease.” It does not seem that the patient has been switched to mTOR inhibitors after the first and not even after the second malignancy has been diagnosed, as the Authors appear to suggest would be recommended, how can they justify it? - “minimally invasive or surgical resection” surgical resection can be both minimally invasive or not, maybe the Authors are referring to minimally invasive treatments alternative to surgery such as ablation therapies? - In the conclusions, the Authors appear to recommend a post LT follow up they did not adopt themselves - The manuscript would benefit from a professional English language editing