

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 65321

Title: Development and validation of a prognostic nomogram model for Chinese patients with primary small cell carcinoma of the esophagus

Reviewer's code: 05750805

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-03-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-08 06:38

Reviewer performed review: 2021-05-12 06:24

Review time: 3 Days and 23 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 Grade E: Do not publish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 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

I read with great interest the article entitled, Development and validation of a prognostic nomogram model for Chinese patients with primary small cell carcinoma of the esophagus. Your data experimentally showed a nomogram model for predicting OS in Chinese patients with PSCE. The novel nomogram classified patients into different risk subgroups and showed superiority in predicting survival compared with the 7th TNM staging system. I think that the article is very interesting and useful, but I can not understand in several points and I have several questions. (Major) 1. You compared your nomograms with the tumor node metastasis (TNM) staging system. TNM staging system is just degree of progress about esophageal cancer. You should study your nomogram by each stage. 2. Now a standard treatment about primary small cell carcinoma of the esophagus is chemo-radiotherapy except for stage I. Your just surgical result is very valuable for primary small cell advanced carcinoma of the esophagus. How do you think the strategy for primary small cell advanced carcinoma of the esophagus ? 3. You showed the diagnosis of PSCE mainly depends on immunohistochemical (IHC) staining of several neuroendocrine markers, including synaptophysin (Syn), neuronal cell adhesion molecule 56 (CD56), and chromogranin A (CgA). Recently, it is common to use C-kit for evaluation of malignancy. I think it is necessary for your nomogram to evaluate c-kit. How do you think about that? Minor 1. You showed the female to male ratio in the training and validation cohort was 1.84:1 (116/63) and 1.96:1 (51/26), respectively. Generally there are many male with esophageal cancer. Is it correct? 2. Would you show us the difference of small cell carcinoma and neuroendocrine tumor? Is it same or not ?

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 65321

Title: Development and validation of a prognostic nomogram model for Chinese patients with primary small cell carcinoma of the esophagus

Reviewer's code: 05928732

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-03-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-08 22:52

Reviewer performed review: 2021-05-18 09:37

Review time: 9 Days and 10 Hours

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
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

SPECIFIC COMMENTS TO AUTHORS

This manuscript deals with primary small cell carcinoma of the esophagus, which is highly invasive with poor prognosis. The authors have developed a prognostic nomogram model and suggest that the indication of this new model is useful to assess the clinical outcome more accurately. This suggestion is very important in the field of treating such a serious disease, however, the manuscript has the following concerns;

Major comments

#1: Authors describes that there is no nomogram model for PSCE patients worldwide. (Page 5) However, there is already an article about nomogram for PSCE patients. (Shuai Qie et al. Medicine (Baltimore) 2021; 100:15)) The superiority of this manuscript should be considered.

#2: In nomogram development, the treatment analysis is based on operation vs others. However, 'others' need to be classified as chemotherapy, radiation or no therapy. Combination therapy such as operation and subsequent chemotherapy should be concerned. Moreover, the usefulness of nomogram that treatment does not contribute to survival prediction is questioned. (Page 9)

#3: In patients and study design, inclusion and exclusion criteria is confused. Authors are required to mention it for the readers not to misunderstand. (Page 7)

#4: Authors describe the number of patients as two-thirds and one-third. The numbers of patients are not exactly these numbers. This expression is very vague and inappropriate. (Page 9)

Minor comments

#1 Table 1 is difficult to see. Some kind of ingenuity is needed, such as making it bold fold or adding horizontal lines.

#2 Drink is misspelled on Table 1.

#3 N is not the number of lymph nodes but the region. (Table 1, footnote)

#4 The gray lines are hard to see in figure 3.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 65321

Title: Development and validation of a prognostic nomogram model for Chinese patients with primary small cell carcinoma of the esophagus

Reviewer's code: 05928732

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-03-04

Reviewer chosen by: Li-Li Wang

Reviewer accepted review: 2021-06-24 00:38

Reviewer performed review: 2021-06-25 05:10

Review time: 1 Day and 4 Hours

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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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SPECIFIC COMMENTS TO AUTHORS



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The authors responded to all comments appropriately.