

PEER-REVIEW REPORT

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Title: Primary small cell esophageal carcinoma, chemotherapy sequential immunotherapy: A case report

Reviewer's code: 05928732

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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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 Grade E: Do not publish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 type="checkbox"/> Grade B: Minor language polishing <input checked="" 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

The authors report on primary small cell esophageal carcinoma. The authors have successfully treated with this disease, which is seem to be rare and to have poor prognosis. The report has very important aspect to indicate how to overcome the disease. However, the manuscript needs to be modified as below; Major comments #1 The authors describe that with the wide application of immunotherapy, perhaps it will become a new treatment. The reason for such a statement must be provided with a rationale. It is necessary to indicate the reference materials and guidelines you referred to. (Line 46) #2 Follow the Guidelines for Manuscript Preparation and Submission: Case Report. In Case Presentation, the following seven aspects must be presented in this order: 1) Chief complaints; 2) History of present illness; 3) History of past illness; 4) Personal and family history; 5) Physical examination upon admission; 6) Laboratory examinations; and 7) Imaging examinations. In particular, the general risk factors for esophageal cancer need to be mentioned. #3 In History of present illness, imaging examinations are lacking. As the authors describe about endoscopy and PET-CT, these images need to be presented at least. In addition, the lesion lies on the esophagus, therefore, 'endoscopy' is adequate terminology than 'gastroscopy'. (Line 57) #4 In Treatment, it is necessary to present images such as endoscopy and CT and the course of tumor marker after treatment. (Line 85) Minor comments #1 Figure 1: One cross-sectional image is insufficient to describe lesions in the middle and lower esophagus. Some continuous cross-sections or vertical section need to be presented. Arrows or circle on the figure are needed so that the extent of the lesion is easy for the reader to understand. #2 The authors describe that the final diagnosis is PSCEC, multiple lymph nodes metastasis, Stage IIIB. The TNM notation as a clinical staging should be added instead of 'multiple lymph nodes metastasis'. (Line 82) #3 "A timeline showed the whole medical procedure

of this case” should be presented as one of figures separately not in text. (Line 102) #4 ‘Sun et al reported some patients who received surgery and postoperative adjuvant CT achieved a survival of 10 years.’ needs reference. #5 Some analysis should be referred to mention, and English correction is needed in this sentence. (Line 135) English Correction Line 31: CONCLUSION Line 32: PSCEC with stage III and higher disease is not surgical candidate, Line 38: INTRODUCTION Line 40: It was reported for the first case in 1952 by Mckeown, and only about 300 cases of PSCEC have been reported in the world medical literature at present Line 42: PSCEC is aggressive, high malignant and early metastatic, the prognosis is poorer than other subtypes of esophageal carcinoma. Line 47: Here we report a case of a 79-year-old man with PSCEC treated with CT and subsequent immunotherapy. The patient is asymptomatic and the tumor is stable so far. Line 53: A 79-year-old male was hospitalized for progressive dysphagia, frequent vomiting and weight loss about 5 kg during one month. Line 58: extending to 38 cm, and the carcinoma almost blocked the entire esophageal lumen. Line 65: The patient has been healthy Line 68: Physical examination was normal and no enlarged lymph nodes on the neck or supraclavicular were palpable. Line 110: PSCEC is a rare esophageal malignancy with aggressive biologic behavior and early widespread dissemination and is one of the fastest-growing tumors. Line 113: The incidence of PSCEC has been increasing, but the management, treatment, follow-up strategies are not sufficiently standardized yet. Line 128: and the index was > 80% in this case. (Does it match the author's intention?) Line 143: For stage I/IIA, Line 158: At present, PD-L1 inhibition (Durvalumab 1500mg) plus EP Line 183: Immunotherapy or immunotherapy plus CT could become another treatment for PSCEC. Etc....