

PEER-REVIEW REPORT

Name of journal: *World Journal of Critical Care Medicine*

Manuscript NO: 73559

Title: Gastric cancer with concurrent pancreatic schwannoma: case report and literature review

Provenance and peer review: Invited manuscript; externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03252959

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Assistant Professor, Doctor, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Italy

Author's Country/Territory: Brazil

Manuscript submission date: 2021-11-25

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-05 09:38

Reviewer performed review: 2021-12-06 16:58

Review time: 1 Day and 7 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 Grade E: Do not publish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 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
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SPECIFIC COMMENTS TO AUTHORS

The manuscript "GASTRIC CANCER WITH CONCURRENT PANCREATIC SCHWANNOMA: CASE REPORT AND LITERATURE REVIEW" by Mateus Barradas Ribeiro et al presents an interesting case report, i.e. a unique case of gastric adenocarcinoma concurrent with a pancreatic schwannoma. However, the manuscript presents two substantial critical points: 1) In the core tip the authors state that "...Correct intraoperative staging with histopathologic examination was essential in treatment decision-making..." and in the conclusions they state that "...Intraoperative staging with histopathologic examination was decisive in the adequate management of this patient...". However, according to the description of the case report, the authors decided to proceed with the surgical resection of the tumors without a definite diagnosis of the pancreatic mass at the preoperative evaluation, and the diagnosis of schwannoma was not obtained intraoperatively but only after pancreatic resection and Hematoxylin-Eosin staining and Immunohistochemical analysis of S-100 proteins of the surgical specimen. It appears that the authors decided to proceed with total gastrectomy with D2 lymph node dissection plus distal pancreatectomy and splenectomy based only on the macroscopic appearance of the two tumors at laparotomy. The authors should better explain why they decided to proceed with the surgical exploration and then with the resections of the tumors. Their explanations could be included in a paragraph discussing the diagnostic evaluation, i.e. the diagnostic reasoning that includes other diagnoses considered and challenges, as suggested in the CARE Checklist, while their intraoperative strategy should be clearly explained, possibly in the Treatment paragraph, indicating whether an intraoperative histopathological evaluation was available,



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conditioning the final decision to proceed with the resection of both tumors. Consequently, the presentation of the case report should be profoundly modified, following the recommendations of the CARE checklist more closely. 2) The literature review is inconsistent. Pancreatic schwannomas are generally benign tumors, so conservative pancreatic resections should be considered in selected cases when a correct diagnosis has been made prior to surgery. Furthermore, authors should propose one or more tables to summarize the most relevant results of the literature.

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Provenance and peer review: Invited manuscript; externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06135364

Position: Peer Reviewer

Academic degree: MD

Professional title: Adjunct Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Brazil

Manuscript submission date: 2021-11-25

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-13 08:19

Reviewer performed review: 2021-12-13 08:19

Review time: 1 Hour

Scientific quality	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Very good <input type="radio"/> Grade C: Good <input type="radio"/> Grade D: Fair <input type="radio"/> Grade E: Do not publish
Language quality	<input checked="" type="radio"/> Grade A: Priority publishing <input type="radio"/> Grade B: Minor language polishing <input type="radio"/> Grade C: A great deal of language polishing <input type="radio"/> Grade D: Rejection
Conclusion	<input checked="" type="radio"/> Accept (High priority) <input type="radio"/> Accept (General priority) <input type="radio"/> Minor revision <input type="radio"/> Major revision <input type="radio"/> Rejection
Re-review	<input type="radio"/> Yes <input checked="" type="radio"/> No



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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

No

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Critical Care Medicine*

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Reviewer's code: 03252959

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Assistant Professor, Doctor, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Italy

Author's Country/Territory: Brazil

Manuscript submission date: 2021-11-25

Reviewer chosen by: Ji-Hong Liu

Reviewer accepted review: 2022-01-27 16:24

Reviewer performed review: 2022-01-31 17:16

Review time: 4 Days

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
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The manuscript "GASTRIC CANCER WITH CONCURRENT PANCREATIC SCHWANNOMA: CASE REPORT AND LITERATURE REVIEW" by Mateus Barradas Ribeiro et al presents an interesting case report, i.e. a unique case of gastric adenocarcinoma concurrent with a pancreatic schwannoma. The authors substantially modified the manuscript. However, I suggest the authors to change the following points: 1) modify the ABSTRACT BACKGROUND and insert at the end of the paragraph the sentence "... We report here a unique case of gastric adenocarcinoma concomitant with a pancreatic schwannoma.". 2) At the beginning of the ABSTRACT CASE SUMMARY the authors should point out that they found an asymptomatic mass of the tail of the pancreas while staging a gastric cancer. 3) the description of the intraoperative results and the subsequent surgical intervention cannot be considered a "MULTIDISCIPLINARY EXPERT CONSULTATION", therefore the authors should change the title of the paragraph. 4) the DISCUSSION should be substantially modified. I would suggest that the authors first describe what is known in the literature about schwannomas and then describe their findings for comparison. They should start with the symptoms, what is known and what they have found, then review the available imaging and EUS-FNA, explaining what they choose to do and why, the surgical strategies available and why they have opted for their specific procedure, histopathological examination techniques available for definite diagnosis and expected prognosis.