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# PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 74467

Title: Ovarian growing teratoma syndrome with multiple metastases in the abdominal

cavity and liver: A case report and literature review

Provenance and peer review: Unsolicited manuscript; externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02845080 Position: Peer Reviewer

Academic degree: DNB, FICS, FRCS (Gen Surg), MBBS, MMed, MNAMS, MS

Professional title: Associate Professor, Director, Surgical Oncologist

Reviewer's Country/Territory: Singapore

Author's Country/Territory: China

Manuscript submission date: 2021-12-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-06 07:39

Reviewer performed review: 2022-01-06 08:51

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ Y] Major revision [ ] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer

Peer-Review: [ ] Anonymous [Y] Onymous

statements

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

# SPECIFIC COMMENTS TO AUTHORS

1. In abstract i dont understand that the first surgery was done so many years ago and now pt has problems. Can pls edit the abstract to reveal the timelines so readers dont assume that radical surgery was not done month ago but like >20 years ago. Pt remained well for 2 decades and now only have problems. Your abstract and case description is confusing at first read. 2. You are right to state that liver masses should rule out other problems. I wonder if you consider gastroscopy and colonoscopy to look for primary cancers that could cause liver mets 3. I wonder if you did Hepatitis B and C to check for possibility of primary HCC 4. Did you do LDH, AFP? CA19-9 is more likely to be elevated. Why do you think in your patient it was normal - some discussion is warranted - PMID 33437400 - can help you a bit here. 5. Figure 2 is a pathology figure with sections a-d. It is not clear what each figure shows. We are not pathologist to read the histology slides. Readers need to be told what each slide shows. You need to insert arrows inside images. Tell us stains. Tell us magnification. Pls provide details. 6. You use words - growth and regrowth; growing and re-growing. Can pls explain this properly. it is confusing. 7. Similarly you use words - mature teratoma and immature teratoma. What is the difference. Average reader wouldnt know this. Pls explain this difference in discussion properly and implications of each and how it is relevant to your case. 8. You need to tell which segments of liver were resected during your second surgery (first surgery was >2 decades). 9. You contradict yourself. You state that 5 yr survival after surgery is 89% and than you state that most patients have recurrence in 2 yrs!! Both cant be true!! Pls help clarify this and rectify the contradiction. 10. Also you cannot write in conclusion section about the 2yr recurrence. That is not a conclusion of your single case



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report. Your conclusion has to be factual and based on your case = so it cannot be generic based on literature. So reduce conclusion and other things add in discussion section. Conclusion is only 1-2 statements that you can conclude based on your case.



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Peer-review model: Single blind

Reviewer's code: 06045528 Position: Peer Reviewer Academic degree: MSc

Professional title: Research Assistant

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2021-12-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-07 02:18

Reviewer performed review: 2022-01-11 21:17

**Review time:** 4 Days and 18 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y]Yes [ ]No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

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

# SPECIFIC COMMENTS TO AUTHORS

In this manuscript the authors shared an interesting clinical case of ovarian growing teratoma syndrome, and proposed a hypothesis of pathogenesis. As OGTS is a rare complication in the clinic, the case will be of much help on the understanding of the disease and its clinical diagnosis and treatment. The manuscript is well written. And I only have one minor comment. 1. Please add legends for subfigures (i.e. figure 1A and 1B; figure 2A-2D). For example, clearly states what is the marker for figure 2B. I suppose it's an image of immunohistochemistry staining.



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# RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 74467

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Reviewer's code: 02845080 Position: Peer Reviewer

Academic degree: DNB, FICS, FRCS (Gen Surg), MBBS, MMed, MNAMS, MS

Professional title: Associate Professor, Director, Surgical Oncologist

Reviewer's Country/Territory: Singapore

Author's Country/Territory: China

Manuscript submission date: 2021-12-24

Reviewer chosen by: Xue-Li Chen (Quit 2022)

Reviewer accepted review: 2022-02-16 09:59

Reviewer performed review: 2022-02-16 13:48

**Review time:** 3 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [ Y] Anonymous [ ] Onymous



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

# SPECIFIC COMMENTS TO AUTHORS

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