

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 76794

**Title:** Gastrointestinal metastasis secondary to invasive lobular carcinoma of the breast:  
A case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03520396

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** China

**Manuscript submission date:** 2022-04-30

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-05-05 02:09

**Reviewer performed review:** 2022-05-06 01:58

**Review time:** 23 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 Grade E: Do not publish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
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No
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## SPECIFIC COMMENTS TO AUTHORS

The article entitled "Gastrointestinal Metastasis from Breast Carcinoma: A Case Report" reported a case with colon metastasis of breast cancer. The author makes a point that it is necessary and critical to distinguish between metastatic and primary cancers. Endoscopic ultrasonography, CT-guided puncture, or surgery could be used to confirm the diagnosis promptly, and appropriate treatment should be selected comprehensively to benefit the patient. The conclusion is helpful to the clinical diagnosis of breast cancer.

1 Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes. The article "Gastrointestinal Metastasis from Breast Carcinoma: A Case Report" is suitably titled. 2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? Yes. The abstract covers the aspects of article covered. 3 Key words. Do the key words reflect the focus of the manuscript? Yes. The key words reflect the focus of the manuscript. 4 Background. Does the manuscript adequately describe the background, present status and significance of the study? Yes. The background presents status and significance of the study. 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Yes. 6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? The author makes a point that it is necessary and critical to distinguish between metastatic and primary cancers. Endoscopic ultrasonography, CT-guided puncture, or surgery could be used to confirm the diagnosis promptly, and appropriate treatment should be selected comprehensively to benefit the patient. The conclusion is helpful to the clinical diagnosis of breast cancer. 7 Discussion. Does the manuscript interpret the

findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? Discussion is appropriate. 8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends? Yes. 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? Yes. 10 Units. Does the manuscript meet the requirements of use of SI units? Yes. 11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? Yes. 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? Yes. 13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? Yes. 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? Yes.

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**Reviewer's code:** 05934284

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Germany

**Author's Country/Territory:** China

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**Review time:** 8 Days and 5 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 checked="" type="checkbox"/> Accept (General priority) <input 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: ☒ Anonymous ☐ Onymous

Conflicts-of-Interest: ☐ Yes ☒ No

## SPECIFIC COMMENTS TO AUTHORS

In their case report, Li-xi Li and colleagues describe a menopausal female that had a history of lobular invasive mamma carcinoma and was diagnosed with gastrointestinal metastasis thereof 2 years later. The report is interesting and is supposed to make clinicians aware of rare metastatic sites during follow up visits of breast cancer patients, particularly with lobular histological subtypes, increased CA15-3 and unspecific abdominal complaints. While reading the manuscript the question occurred to me, why there was no colon endoscopy performed when the patient presented with the above-mentioned symptoms. Is there no regular CRC screening for population >50 years and older at elevated risk due to cancer? The performed imaging methods did not reveal significant signs of cancer. However, therapy was switched from letrozole to exemestane. What was the reason for that? For better understanding the authors should already clarify in the introduction the histological and molecular subtype of the presented breast cancer patient. Line 3: metastatic site Line 5: ...diagnosis and treatment (no comma) Line 9. Abbreviation CA15—3 should be placed here instead of Line 15. Why is this explained but not GATA-3 and others? Page 4 line 6: GATA3 should be GATA-3 as throughout the manuscript In the passage “history of present illness” it does not become clear where the information was received and where the patient was treated. Further the letrozole treatment is mentioned but not the molecular subtype. I do not understand sentence in line 7 page 4 (page numbers are missing!): The therapeutic evaluation indicated progression diseased (PD). Next, the passage “history of past illness” should be placed before present illness for better understanding the case. Line 25 page 4: This would be luminal A. Page 5 Line 24: Stage IV Luminal B (HER-2 negative): Does this refer to the

primary breast tumor? It was lluminal A due to low Ki-67. Or does it refer to the gastrointestinal metastasis? It was described above to be HER2+. Treatment: typing error. Palbociclib. Line 7: Space after indicators. What is meant by routine review? Routinely scheduled follow up consultation? Outcome and follow-up: It would be interesting to receive the data from the local hospital. Is there no way to contact the patient and ask her permission? It would be very interesting. Discussion: Line 23. The most common site of GASTROINTESTINAL mestastasis....otherwise it would be wrong. Line 7 page 7: ILC abbreviation should be introduced. Page 8 Line 20-22 contains relevant conclusions but the wording should be more scientific. Line 23: Treatment and diagnosis -> diagnosis and treatment sound better Concerning the figures, the IHC staining of the described cells in primary vs. metastatic tissue would be more interesting compared to the macroscopic images.