



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 81534

**Title:** Primary malignant melanoma of the esophagus combined with squamous cell carcinoma

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

**Peer-review model:** Single blind

**Reviewer's code:** 06148636

**Position:** Peer Reviewer

**Academic degree:** MBChB

**Professional title:** Surgeon

**Reviewer's Country/Territory:** South Africa

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

**Manuscript submission date:** 2022-11-14

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-11-14 08:52

**Reviewer performed review:** 2022-11-18 19:16

**Review time:** 4 Days and 10 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Judgment by peer reviewers</b>	Does this manuscript meet the code of ethics standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important novelty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important creativity or innovation?



	<input type="checkbox"/> [J31] Yes <input type="checkbox"/> [J30] No Does this manuscript use reliable research methods? <input type="checkbox"/> [J41] Yes <input type="checkbox"/> [J40] No Are the manuscript-accompanying data and figures authentic? <input type="checkbox"/> [J51] Yes <input type="checkbox"/> [J50] No Does this manuscript make scientifically significant conclusions? <input type="checkbox"/> [J61] Yes <input type="checkbox"/> [J60] No
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> [Y] Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> [Y] Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> [Y] Yes <input type="checkbox"/> [ ] No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> [Y] Anonymous <input type="checkbox"/> [ ] Onymous Conflicts-of-Interest: <input type="checkbox"/> [ ] Yes <input checked="" type="checkbox"/> [Y] No

**SPECIFIC COMMENTS TO AUTHORS**

This well written case report describing what appears to be the first case of both melanoma and SCC occurring together in the oesophagus is extremely interesting and worthy of publication. The authors outline the case very well. Despite having two advanced pathologies (both with reasonably poor prognoses in their own right), the patient seems to have had a good response to treatment and the managing team should be applauded for this. This manuscript does not require major changes, however the following minor points should be addressed by the authors: 1. The language is good and generally well-written – there are some minor grammatical changes (e.g. making sure commas are in the right place, etc.) and the authors should carefully go through the manuscript again to correct these. 2. Suggest to look at how the figures are labelled and headed – suggest to label the individual images in figures 2 and 3 as “1”, “2”, “3”, “4”



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within the image and not just in the figure heading and suggest to complete the headings for figures 5 and 6 appropriately so the reader understands what the figure shows without needing to go back to the main text. 3. Of concern is that patient identifiers (name and possibly hospital folder number) are visible on the axial CT image in figure 1. If this is the case, suggest to crop the image to remove these so that patient details remain appropriately anonymised. 4. Under "History of past illness" suggest to change "Patients had no past medical history" to "The patient had no past medical problems" (this is a single individual and not a group of patients). 5. Tumour markers were reported as negative – what tumour markers are usually measured in patients with suspected oesophageal cancer – is this routinely done, or where the authors pertaining to tumour markers for other cancers? Please clarify 6. In the paragraph describing the contrast swallow examination the authors state there was "interruption of local mucosal damage" – what is meant by this? Do the authors perhaps mean there was interruption of the mucosal integrity or continuity? Please clarify 7. The second sentence of the discussion reads "melanoma-free melanoma" – suspect this should read "melanin-free melanoma" and needs correction. 8. In the fourth sentence of the discussion the authors state "the degree of PMME malignancy is high" – would does this mean? PMME is the acronym for "primary malignant melanoma of the oesophagus", thus already stating this is a malignancy. How can there be a degree of malignancy? Do the authors perhaps mean there is a greater degree of de-differentiation or poor differentiation on the histopathology? Please clarify this. Lastly, the discussion focuses almost exclusively on the available literature on primary oesophageal melanoma and makes very little comment about this case in particular. Of real interest is what discussions were had about the dual pathology here and subsequent management of this patient – I think the authors have an opportunity to raise some interesting points in the discussion which many readers will be curious about: 1. Did this patient have two separate primary



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tumours coincidentally occurring in the same organ, or is this the same tumour expressing different receptors and characteristics? It would seem more likely that they have arisen from two separate cell lineages (squamous cells and melanocytes) and seems to be more than one tumour endoscopically. Was any discussion made around whether the metastases were from the melanoma or the SCC primary, or is this irrelevant? 2. In terms of the management, was the case discussed at an Oncology multi-disciplinary team meeting, as the oncological treatment of this case is complicated and interesting? As this is the first case of both melanoma and SCC, the discussions must have been very interesting and complicated as no cases exist to draw knowledge from to help guide the management of both conditions together. For many readers who might not be familiar with what constitutes first-line management for palliative SCC or melanoma at the authors' institution, it might be worthwhile to briefly mention what management is usually given to patients who have one of these conditions. How was the treatment subsequently decided for this case - was the treatment aimed mainly at SCC or melanoma or both? Perhaps the authors can comment on why the preferred treatment of camrelizumab and nab-paclitaxel were chosen and if any other treatment options were considered. Why was camrelizumab chosen and not another immunotherapy agent? Was surgery ever considered or did the lung metastases exclude the patient from being considered for resection? Was the administered radiotherapy given as palliative radiotherapy and what dose of radiation was administered? Why did the patient not tolerate the radiation? Perhaps the authors can expand on some of these matters as readers will no-doubt be interested in how the decisions regarding treatment in this case were made.



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**Peer-review model:** Single blind

**Reviewer's code:** 06360634

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Staff Physician

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

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

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**Review time:** 5 Hours

<b>Scientific quality</b>	<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
<b>Judgment by peer reviewers</b>	Does this manuscript meet the code of ethics standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important novelty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important creativity or innovation?



	<input type="checkbox"/> [J31] Yes <input type="checkbox"/> [J30] No Does this manuscript use reliable research methods? <input type="checkbox"/> [J41] Yes <input type="checkbox"/> [J40] No Are the manuscript-accompanying data and figures authentic? <input type="checkbox"/> [J51] Yes <input type="checkbox"/> [J50] No Does this manuscript make scientifically significant conclusions? <input type="checkbox"/> [J61] Yes <input type="checkbox"/> [J60] No
<b>Language quality</b>	<input checked="" type="checkbox"/> [Y] 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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> [Y] Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> [Y] Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> [Y] Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> [Y] No

**SPECIFIC COMMENTS TO AUTHORS**

The case is very interesting and unique, because of the rarity of such combination of malignancies and it is very well illustrated by all of the figures. I have a few comments: The Introduction part is very briefly written. Maybe a table/graphics with the lab result of the patient could be included. The patients's name or initials should be removed from all of the figures from the imaging and endoscopy examinations. The conclusion can be supplemented with more summary of the main message of the case report.



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**Peer-review model:** Single blind

**Reviewer's code:** 06139976

**Position:** Peer Reviewer

**Academic degree:** Doctor, MD

**Professional title:** Doctor, Professor

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

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

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**Reviewer chosen by:** AI Technique

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**Review time:** 7 Days and 20 Hours

<b>Scientific quality</b>	<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
<b>Judgment by peer reviewers</b>	Does this manuscript meet the code of ethics standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important novelty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important creativity or innovation?



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<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> [Y] Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> [Y] No

**SPECIFIC COMMENTS TO AUTHORS**

This is an excellent case report on primary malignant melanoma of the esophagus. The case presentation and discussions are described generally well enough. I would like to make a few recommendations to improve this report. 1. Case presentation. The author indicates that the patient is a smoker. What about drinking alcohol? The authors should also state the patient's height, weight and BMI. Previous studies have also shown that waiters, cooks and seamen are occupations with a high risk of canteen squamous cell carcinoma. Therefore, the patient's work history should also be included. Please refer to the following paper. Jansson C, Oh JK, Martinsen JI, Lagergren J, Plato N, Kjaerheim K, Pukkala E, Sparén P, Tryggvadottir L, Weiderpass E. Occupation and risk of oesophageal adenocarcinoma and squamous-cell carcinoma: The Nordic Occupational Cancer Study. *Int J Cancer*. 2015 Aug 1;137(3):590-7. doi: 10.1002/ijc.29409. Epub 2015



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Jan 13. pmid: 25557854. 2. Chemotherapy. The authors describe that the patient received chemotherapy with camrelizumab and nab-paclitaxel. The manuscript mentions the doses of first cycle nab-paclitaxel and second & third cycles of camrelizumab. However, the other doses are not mentioned. They would be desirable.