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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 68684

Title: Anesthesia and perioperative management for giant adrenal Ewing's sarcoma with inferior vena cava and right atrium tumor thrombus

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06006212
Position: Peer Reviewer
Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-06-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-13 10:42

Reviewer performed review: 2021-06-15 08:43

Review time: 1 Day and 22 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish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 statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you very much for letting me contribute to this manuscript. Congratulations for the excellent clinical achievement. This report will be a great clue for other future cases with similar characteristics. Here were my comments on this manuscript. In Laboratory examinations of Case Presentation, the authors indicated that elevated renin secretion was a result of increased renal perfusion. But I believe renin secretion increase in accordance with decreased renal perfusion. The authors mentioned coagulopathy but the gold standard to diagnose or rule out venous thromboembolism is d-dimer, or other type of fibrin degraded products. Did the authors measured those values as well? According to Multidisciplinary expert consultation of Case Presentation, the patient had the sudden history of dyspnea five days before surgery. However, the multidisciplinary conference took place seven days after that, where they decided to perform surgery. Timeline should be corrected as appropriate. Does Ewing sarcoma produce any hormone? How did it affect the decision-making process in perioperative management. Were there any specific reasons that the authors selected dopamine and norepinephrine rather than other cardiac supporting agents? As it can be dangerous to use beta-blockers in management of pheochromocytoma, do we have to take hormonal potential risks as well in the case of Ewing sarcoma? In Postoperative treatments, the authors came across sudden cardiopulmonary arrest. What was the initial waveform? Electromechanical dissociation was not clearly understandable. The authors mentioned the necessity of IABP in Discussion. But when was this device used? In Discussion, the authors indicated the possibility of pulmonary embolism as a cause of cardiac arrest. That makes sense clinically simply because there were residual tumor thrombus in IVC

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and possibly in hepatic veins. But if this resulted in the cardiac arrest, I assume right heart should have been expanded because of sudden elevated afterload, rather than been shrunk. In Discussion, whereas systemic inflammatory response could be a reason for the collapse, septic shock does not seem to be the reason. Sepsis is a series of organ failure caused by systemic infection. pro-inflammatory cytokines secretion itself does not cause sepsis.

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Peer-review model: Single blind

Reviewer's code: 06097293
Position: Peer Reviewer
Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2021-06-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-13 11:03

Reviewer performed review: 2021-06-17 12:01

Review time: 4 Days

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 [ ] Grade B: Minor language polishing [Y] 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 statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Ewing's sarcoma of the adrenal gland is rare and occasionally invades to IVC. Because of its rarity, surgical treatment is usually avoided due to its high risk for operation in many hospitals except some special experts of surgeons. This report is one of the best experiences of such difficult cases. Although this paper presented the case vividly, I found that further discussions were needed in some parts. 1. Operation for adrenal Ewing's sarcoma with IVC invasion needs a multi-disciplinary task force. On the other hand, urosurgeons might be more experienced in renal cell carcinoma (RCC) with invasion/extension to the IVC. Please compare to such cases in RCC and adrenal Ewing's sarcoma, technically or intraoperatively. Eg: the order of vessel blockage, etc. 2. Although there is no recurrence of metastasis for 17 months after the operation, it is necessary to follow up for a long time. This caution should be addressed in the Discussion section. 3. Please describe concretely what does it mean by stating "Since 2020, only 39 cases of Ewing's sarcoma arising from the adrenal gland have been reported since 2020" (The second sentence in the Discussion part). It seems to be a typo since the expression is vague and unclear. Please write it concretely. 4. As the title described, the purpose of this paper is to discuss anesthesia and perioperative management. Thus, I would expect more information on the intraoperative and postoperative anesthetic care part, such as fluids management, opioids use, etc. Moreover, postoperative care details in the urology ward, such as pain management, abdominal drainage, oral intaking, return of ambulation, postoperative nausea and vomiting (PONV), etc., should be provided. 5. Are there any models that have been established to predict the malignancy or recurrence of Ewing's sarcoma? If so, please

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describe it and apply it to this case. 6. Any intraoperative photos? 7. Further language editing is needed.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 68684

Title: Anesthesia and perioperative management for giant adrenal Ewing's sarcoma with inferior vena cava and right atrium tumor thrombus

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

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Reviewer's code: 06006212
Position: Peer Reviewer
Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-06-13

Reviewer chosen by: Li-Li Wang

Reviewer accepted review: 2021-09-03 22:49

Reviewer performed review: 2021-09-04 08:47

Review time: 9 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 [ ] Grade B: Minor language polishing [Y] 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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statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I enjoyed reading the revised manuscript. The authors demonstrated the ambition for scientific improvement by responding to each comment sincerely. This case must have been very challenging for the providers, supporters, and family. Congratulations for this achievement again. Although I found it ameliorated significantly, I still believe some points should be addressed before publication. 1) The language quality is not adequate for publication. I assume the authors used a language editing service by native-English speakers for the first version of this report. However, the revised manuscript appears to contain some problems in grammar and phrasing, making it difficult for readers to follow and comprehend thoroughly. Further language editing is encouraged. 2) The authors added some information to illustrate details of systemic response due to Ewing's sarcoma in the Discussion. Unfortunately, that is not what I intended to point out in the first review. "Sepsis" is a clinical syndrome characterized by systemic inflammation due to infection. Infection sometimes causes sequential organ failure, possibly leading to hemodynamic instability: septic shock. In this case, Ewing's sarcoma secreted some cytokines, resulting in systemic inflammation, but this is not sepsis. The clinical success of the authors is highly remarkable, and this experience should be shared with scores of people suffering from similar cases. A further revision will be of excellent value.