



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Oncology*

Manuscript NO: 73564

Title: Mesentery solitary fibrous tumor with postoperative recurrence and sarcomatosis: a case report and systematic review

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05260869

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Research Assistant Professor, Staff Physician

Reviewer’s Country/Territory: Italy

Author’s Country/Territory: Taiwan

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-16 10:37

Reviewer performed review: 2021-12-25 11:48

Review time: 9 Days and 1 Hour

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 Grade E: Do not publish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 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

Chiu C et al present a case of rare solitary fibrous tumor of the rectum mesentery and provide a systematic review of the available literature. Before considering the paper for acceptance, I suggest the authors make the following revisions: 1) change the temporal terms "4 years ago", "suspected recently" etc.. with actual dates 2) it should be specified what the analysis of the "white nodule found in the peritoneal cavity" during first resection gave as a result.. was it already a spread of the SFT? Was it aspecific finding? 3) patient is now with no recurrence for the last 28 months.. how has he been followed up during this period? After a recurrence, I would expect the authors to provide some guidance. In the end, the aim of case reports is to share experience and suggest management of rare/difficult cases. 4) Plus, at the end of conclusion it is stated "during the 1-year follow-up period". Which one is correct? 28 mo. or 1 year? 5) pubmed terms of search to perform the review of similar cases should be specified 6) at beginning of case presentation, it is said that the first resection was of a SFT with "malignant potential". During discussion, the authors try to justify this term, but in the end it is not clear what the feature for suspected malignancy could have been... mildly positive p53? 7) pictures and table are very nice



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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
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SPECIFIC COMMENTS TO AUTHORS

The manuscript entitled “Mesentery solitary fibrous tumor with postoperative recurrence and sarcomatosis: a case report and systematic review” by Chong-Chi Chiu, et al, reported a scarce case of solitary fibrous tumor of the rectal mesentery, that recurred four years after tumor resection and presented as sarcomatosis. After the extensive intra-operative peritoneal lavage and cytoreductive surgery, the patient was followed up for 28 months. This is a novel case, and there have been other reports of solitary fibrous tumor recurrence in the retroperitoneum, which collectively break down the common understanding that solitary fibrous tumor are benign tumors and attract surgeon's attention as well as following up the related patients long enough. Moreover, authors developed a review of the literature, and described the common types, clinical characteristics and main diagnosis and treatment methods of SFT. The discussion is valid, but there is also some points need to be addressed: 1.In the part of case report, the author's description is clear, concise and organized. But in the core tip, the sentence of “our patient is the first case report of solitary fibrous tumor of the rectal mesentery with postoperative recurrence and sarcomatosis.” is not clear, please reorganize the language. 2.In the part of history of present illness, the author described the origin SFT pathology results of it confirmed a pedunculated rectal mesenteric tumor of mesenchymal origin to be SFT with malignant potential. Could the author add detailed result, such as immunohistochemical result, to compare the difference of the molecular expression characteristics of the origin and the recurrence tumors. 3.In page 6, a reference to the sentence “Local recurrence or metastasis develops in 12%-22% of cases.” is lacking. Please add a reference consistently. 4.FDG-PET is usually performed to verify the tumor



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or detect metastasis after evidences of tumors and is not a routine examinations. The author also described that SFTs do not display any tumor markers, so the most common type-B ultrasonic or CT is the effective means to find SFTs. The author should clarify more detailed features of SFTs under type-B ultrasonic or CT.