



# BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: editorialoffice@wjgnet.com

http://www.wjgnet.com

## ESPS Peer-review Report

**Name of Journal:** World Journal of Clinical Oncology

**ESPS Manuscript NO:** 10452

**Title:** Thyroid carcinoma showing thymus-like differentiation (CASTLE): case presentation of a young man.

**Reviewer code:** 02904310

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-04-02 18:19

**Date reviewed:** 2014-04-16 06:25

| CLASSIFICATION                                     | LANGUAGE EVALUATION   | RECOMMENDATION                      | CONCLUSION   |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Grade A (Excellent)       | <input type="checkbox"/> Grade A: Priority Publishing                 | Google Search:                      | <input type="checkbox"/> Accept                        |
| <input type="checkbox"/> Grade B (Very good)       | <input checked="" type="checkbox"/> Grade B: minor language polishing | <input type="checkbox"/> Existed    | <input type="checkbox"/> High priority for publication |
| <input checked="" type="checkbox"/> Grade C (Good) | <input type="checkbox"/> Grade C: a great deal of language polishing  | <input type="checkbox"/> No records | <input type="checkbox"/> Rejection                     |
| <input type="checkbox"/> Grade D (Fair)            |   | BPG Search:                         | <input type="checkbox"/> Rejection                     |
| <input type="checkbox"/> Grade E (Poor)            | <input type="checkbox"/> Grade D: rejected                            | <input type="checkbox"/> Existed    | <input checked="" type="checkbox"/> Minor revision     |
|  |   | <input type="checkbox"/> No records | <input type="checkbox"/> Major revision                |

## COMMENTS TO AUTHORS

The manuscript is well written and reported diagnosis and treatment of a rare case of CASTLE. It is important to distinguish CASTLE from squamous cell and anaplastic thyroid carcinomas, since the latter are more aggressive and have a worse prognosis. General comments: 1. Can the authors shed any light on the differential of CASTLE and other head neck tumor in different radiographic options. 2. The role of CD117 in thymic carcinoma was emphasized (K. Nakagawa, et al., Immunohistochemical KIT (CD117) expression in thymic epithelial tumors, Chest 128 (2005)140-144.) The authors should discuss in the discussion. Specific comments: 1. On page 6, 8th paragraph: 'There is no gold standard treatment for this rare pathology although ----' should be "for this rare lesion", please check this sentence. 2. On page 9, In Reference section, 2nd reference: "Word Health Organization "should be" World Health Organization" 3. On page 11, table 1: should include the differential of squamous cell carcinoma. and should Add CD117 into the table 4. On page 12, Figures: should add a CD5 IHC image.



# BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: editorialoffice@wjgnet.com

http://www.wjgnet.com

## ESPS Peer-review Report

**Name of Journal:** World Journal of Clinical Oncology

**ESPS Manuscript NO:** 10452

**Title:** Thyroid carcinoma showing thymus-like differentiation (CASTLE): case presentation of a young man.

**Reviewer code:** 00159662

**Science editor:** Ling-Ling Wen

**Date sent for review:** 2014-04-02 18:19

**Date reviewed:** 2014-04-23 03:04

| CLASSIFICATION  | LANGUAGE EVALUATION   | RECOMMENDATION                      | CONCLUSION   |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> Grade A (Excellent)            | <input type="checkbox"/> Grade A: Priority Publishing                 | Google Search:                      | <input type="checkbox"/> Accept                        |
| <input checked="" type="checkbox"/> Grade B (Very good) | <input checked="" type="checkbox"/> Grade B: minor language polishing | <input type="checkbox"/> Existed    | <input type="checkbox"/> High priority for publication |
| <input type="checkbox"/> Grade C (Good)                 | <input type="checkbox"/> Grade C: a great deal of language polishing  | <input type="checkbox"/> No records | <input type="checkbox"/> Rejection                     |
| <input type="checkbox"/> Grade D (Fair)                 | <input type="checkbox"/> Grade D: rejected                            | BPG Search:                         | <input type="checkbox"/> Minor revision                |
| <input type="checkbox"/> Grade E (Poor)                 |   | <input type="checkbox"/> Existed    | <input type="checkbox"/> Major revision                |
|   |   | <input type="checkbox"/> No records |  |

## COMMENTS TO AUTHORS

Section Case presentation 1. What was the reason of neck oedema and dysphagia? 2. What were the dimensions of the nodule? An echographic image should be added. 3. Cytologic investigation was an FNA? 4. What was the exact result of cytology? 5. T3 is a locally advanced thyroid nodule that requires at least prophylactic central compartment. Noting that the tumor staging is N1b and stating that 6 out of 6 lymph nodes were positive means that the treatment of the patient is incomplete and should be re-operated for radical neck dissection, without further investigation. MRI and PET scan was not necessary 6. What type of lymphadenectomy was performed in the second operation? 7. Why didn't you have the skin nodules excised? To my opinion these nodules were possibly due to rupture of the thyroid capsule during the first operation. 8. Intraoperative images should be added. 9. PET scan images should be added 10. MRI images should be added