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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 70007

Title: Metastatic urothelial carcinoma harboring ERBB2/3 mutations dramatically respond to chemotherapy plus anti-PD-1 antibody: a case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05776245

Position: Peer Reviewer

Academic degree: BSc, MSc

Professional title: Academic Research, Research Scientist, Teaching Assistant

Reviewer's Country/Territory: Poland

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

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Reviewer performed review: 2021-07-27 13:21

Review time: 1 Day

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear Authors, an interesting case report. To improve overall quality of manuscript, please do the following: 1. Line 16, affiliation for Xiao-jie Fei includes "D epartment" with additional space, please correct. 2. Please consider mentioning of full name of "ERBB" abbreviation, the first appearance in main text is in line 32, I think. 3. Although it can be concluded from the sentence itself, please consider explaining "q3w" (I believe it is "once every 3 weeks"), since non-clinicians could find it not self-explanatory and may need to use additional sources to find explanation. The first appearance is probably in line 37. 4. Line 41, the last sentence of Conclusion. There is "further" written twice, please consider minor rephrasing of it. 5. Abbreviations such as "mUC", "ICIs" or "TMB" are mentioned twice, both in Abstract and Introduction. As far as I am concerned, it can/should be mentioned only on the first use. 6. The last sentence of paragraph from lines 51-55. You mentioned at the beginning of sentence the "relatively modest" response rate, and then at the end that it is "relatively low". I believe the latter one can be removed i.e. the whole part after the last comma ("which are relatively low"). 7. In line 59, you mentioned about high levels of microsatellite instability but the text near the "MSI-H" concerns only instability in general. Please add "high levels of" or equivalent before brackets with "MSI-H" since we could have MSI-L which is also microsatellite instability in general. Moreover, add space between "a" and "mismatch" just after "(MSI-H)". 8. Line 92, I presume that 2313-2323dup concerns in-frame ERBB2 insertion? If yes, then please specify that this change concerns ERRB2. I saw that it is written at the end of Discussion and Conclusion, but such addition will definitely clarify what was diagnosed in this patient before the last sentences of main-text. 9. Line 95, I think that "1"



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in "M" (metastasis) should have bottom index, similar to zeros for "T" and "N" in the same line, or mentioning in the line 77. 10. Line 109, there should be "Discussion" and not "DiSScussion" (only the second "s" is double "s") 11. Line 145 and 204, there should probably be "follow-up" instead of "fellow-up". 12. Line 147, the last sentence of Conclusion. I believe "are required to confirmed" should be "are required to confirm". 12. Just want to make sure; in Figure 1, are the subfigures run vertically? I mean does subfigure "A" is both top and bottom left corner? 13. In Table 1, please consider merging cells in the rows where PD-L1 or PD-1 are mentioned as they can be mistakenly considered as drug types without FDA approvals or ongoing trials, instead of categories of actual drugs. Alternatively, you can split tables to Table 1a and 1b, or Table 1 and Table 2.