

# PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 72273

**Title:** Esophageal myoepithelial carcinoma: Four case reports and review of the literature

Provenance and peer review: Unsolicited manuscript; externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03767650

**Position:** Editorial Board

Academic degree: MD, PhD

Professional title: Director, Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-10-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-13 09:24

Reviewer performed review: 2021-10-16 09:06

Review time: 2 Days and 23 Hours

| Scientific quality | [ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good<br>[ ] Grade D: Fair [ ] Grade E: Do not publish   |
|--------------------|--|
| Language quality   | <ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul> |
| Conclusion         | <ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ ] Minor revision [ Y] Major revision [ ] Rejection</li> </ul>                                 |
| Re-review          | [Y]Yes []No  |



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

#### SPECIFIC COMMENTS TO AUTHORS

Lu et al. presented the first report of the imaging and clinicopathological features of esophageal MC in four patients and reviewed the relevant literature. They compared tumor characteristics, CT findings, blood, and histological findings with esophageal squamous cell carcinoma and myoepithelial carcinoma at other sites. They described esophageal MC had not been previously reported. This study is thought-provoking, but I think it has major problems. This article dose not discuss why four cases of esophageal MC, which had never been reported before, were found at one facility. For example, esophageal squamous cell carcinoma is common in China, but is it related to it? Minor Although esophageal MC is depicted as a fungating type on CT, please explain the fungating type in an easy-to-understand manner. The tumor size in our patients ranged from 2.9 cm to 4.5 cm (mean, 3.5 cm), larger than tumors observed in gastric cancer patients. Why do you compare it with stomach cancer?



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**Peer-review model:** Single blind

Reviewer's code: 06136165

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2021-10-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-18 10:00

Reviewer performed review: 2021-10-18 11:19

Review time: 1 Hour

| Scientific quality | [ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good<br>[ ] Grade D: Fair [ ] Grade E: Do not publish                                  |
|--------------------|---|
| Language quality   | [ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing<br>[ Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection |
| Conclusion         | <ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ Y] Minor revision [ ] Major revision [ ] Rejection</li> </ul>        |
| Re-review          | [ ]Yes [Y]No  |



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

#### SPECIFIC COMMENTS TO AUTHORS

The author firstly reported 4 myoepithelial carcinoma in esophagus. But, is this a new histological type of esophageal cancer or an esophageal carcinoma showing marked myoepithelial differentiation?



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**Peer-review model:** Single blind

Reviewer's code: 06086481

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-10-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-15 14:20

Reviewer performed review: 2021-10-23 10:03

Review time: 7 Days and 19 Hours

| Scientific quality | [ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good<br>[ ] Grade D: Fair [Y] Grade E: Do not publish   |
|--------------------|--|
| Language quality   | <ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul> |
| Conclusion         | <ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ ] Minor revision [ ] Major revision [ Y] Rejection</li> </ul>                                 |
| Re-review          | [ ]Yes [Y]No   |



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

#### SPECIFIC COMMENTS TO AUTHORS

This study is to describe the imaging and clinicopathological features of esophageal myoepithelial carcinoma. Esophageal MC has not been previously reported. This study shows the characteristics of esophageal myoepithelial carcinoma, but there is little clinically useful information worthy of publication.



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Provenance and peer review: Unsolicited manuscript; externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03585867

Position: Peer Reviewer

Academic degree: MD

Professional title: Chairman, Chief Doctor, Chief Physician, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2021-10-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-14 10:31

Reviewer performed review: 2021-10-23 17:10

Review time: 9 Days and 6 Hours

| Scientific quality | [ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good<br>[ ] Grade D: Fair [ ] Grade E: Do not publish   |
|--------------------|--|
| Language quality   | <ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul> |
| Conclusion         | <ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ Y] Minor revision [ ] Major revision [ ] Rejection</li> </ul>                                 |
| Re-review          | [ ]Yes [Y]No   |



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

#### SPECIFIC COMMENTS TO AUTHORS

This is a good case report for Esophageal myoepithelial carcinoma. I have some comments as following. 1. This paper make comprehensive description about the labrary examination, treatment and prognosis of four esophageal myoepithelial carcinoma, maybe some prospects for esophageal myoepithelial carcinoma diagnosis and treatment could be proposed. 2. The author mentioned that CT is an important tool to evaluate recuurence. Please discuss the importance of endoscopy screening and surveillance for esophageal myoepithelial carcinoma, as the great progression of endoscopy technical. 3. The author mentioned that all patients had a high Ki-67 level, and patient 3 developed postoperative lung metastasis, please illuminate if there is Ki-67 expression or other difference between patient 3 and the others 4. " SOX-10 can provide a basis for diagnosing salivary gland tumors based on tissue origin because it can specifically identify acinar and myoepithelial cells in salivary gland tissue. Most tumors (3/4) in our study were observed to be positive for SOX-10." please clarify what is the diagnosis basis for the rest 1/4. And is there any difference in morphology or phenotype between SOX-10 positive and negative? 5. As in line 218, author hypothesized that TAP levels may be increased in esophageal MC, which should be futher exlored and disscussed as the actual result showed only 50% of patients were TAP posotive. 6. None of the other laboratory values" was used in line 99, line 102 and line 108. Please clarify what does "the other laboratory values" mean?



### **RE-REVIEW REPORT OF REVISED MANUSCRIPT**

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Peer-review model: Single blind

Reviewer's code: 03767650

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Director, Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-10-13

Reviewer chosen by: Ji-Hong Liu

Reviewer accepted review: 2021-12-31 04:18

Reviewer performed review: 2021-12-31 05:13

Review time: 1 Hour

| Scientific quality | [ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good<br>[ ] Grade D: Fair [ ] Grade E: Do not publish                              |
|--------------------|---|
| Language quality   | [Y] Grade A: Priority publishing [] Grade B: Minor language polishing<br>[] Grade C: A great deal of language polishing [] Grade D: Rejection |
| Conclusion         | <ul> <li>[ ] Accept (High priority) [Y] Accept (General priority)</li> <li>[ ] Minor revision [ ] Major revision [ ] Rejection</li> </ul>     |
| Peer-reviewer      | Peer-Review: [Y] Anonymous [] Onymous   |



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

#### SPECIFIC COMMENTS TO AUTHORS

I read this article with interest. This paper is well written. The discussion is also described in detail. The response to the reviewers is appropriately answered. Most literature on MC is focused on pathology and lacks detailed imaging data descriptions. This paper provides useful information for MC diagnostic imaging. I think this paper has no problem.