

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 81083

Title: Malignant transformation of pulmonary bronchiolar adenoma into mucinous adenocarcinoma: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05356714

Position: Editorial Board

Academic degree: PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Indonesia

Author's Country/Territory: China

Manuscript submission date: 2022-10-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-27 13:23

Reviewer performed review: 2022-10-27 14:04

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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



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

SPECIFIC COMMENTS TO AUTHORS

The study addresses very interesting idea. The manuscript has no novelty since others report the similar topic of the progress of BA to malignant transformation. The case summary reveals no abnormal detected on physical examination although the lung nodule as high as 1.7 cm. The case summary should be more informative. Please clarify!



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Title: Malignant transformation of pulmonary bronchiolar adenoma into mucinous

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05691889

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Taiwan

Author's Country/Territory: China

Manuscript submission date: 2022-10-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-01 06:19

Reviewer performed review: 2022-11-05 00:38

Review time: 3 Days and 18 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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish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
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Baishideng **Publishing**

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

SPECIFIC COMMENTS TO AUTHORS

1. From the pathological images provided, this tumor looks like a pure invasive mucinous adenocarcinoma. The bronchiolar adenoma component cannot be clearly seen in the figures. The authors need to provide more convincing pathological images and evidence to demonstrate the bronchiolar adenoma part of this tumor. High power view of pathological images are especially necessary to show the bilayered structure of bronchiolar adenoma. 2. The ciliated cells in the bronchiolar adenoma part of this tumor cannot be well apppreciated in the figures. Please provide additional images to demonstrate the presence of cilated cells in this tumor. 3. p40 is a more specific marker than p63, as p63 can stain some adenocarcinoma cells. It is recommended to use p40 immunostain instead of p63 to demonstrate the basal cells in this tumor. 4. In Section "OUTCOME AND FOLLOW-UP" The sentence "In the center of the lesion, the presence of a bilayered structure could not be ruled out" is better written as "In the center of the lesion, the presence of a bilayered structure could be observed." The sentence "The tripartite cellular components were normal in histology, without significant atypia, mitosis, or necrosis" is better written as "The tripartite cellular components were devoid of significant atypia, mitosis, or necrosis" 5. In DISCUSSION section: The authors wrote "BA/CMPT is no longer considered a benign lesion but rather a low-grade inert malignant tumor" --> This is incorrect. In current (2021) WHO classification, BA/CMPT is considered as a benign neoplasm. 6. In DISCUSSION section: The authors wrote "The high prevalence of mutations in driver genes (EGFR, BRAF, ALK, and KRAS) supports the notion that these lesions are neoplastic rather than reactive, cytoplastic, or metaplastic." --> What does "cytoplastic" mean in this sentence? 7. In DISCUSSION



section: The authors wrote "In the present case, flat, papillary, and glandular structures in the epithelial neoplasm were observed in frozen sections, making it difficult to distinguish between benign and malignant lesions." ---> Did the present case send for intraoperative frozen sections? If so, what was the diagnosis in frozen sections? This should be described in the CASE SUMMARY section. 8. Figure 2: High power view is required to better demonstrate the bilayered structure and cellular composition of the tumor. 9. Figure 2 legend: The sentence "At high power, ciliated cells or cubic/low columnar cells and locally abundant mucinous cells are observed in the luminal epithelium, which are normal in morphology, without significant atypia and pathological mitosis." is better written as "At high power, ciliated cells or cubic/low columnar cells and locally abundant mucinous cells without significant atypia and pathological mitosis are observed in the luminal epithelium."