

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17031

Title: Primary mediastinal neuroendocrine tumor with liver and bone marrow metastasis, mimicking lymphoma

Reviewer's code: 02985584

Reviewer's country: China

Science editor: Jing Yu

Date sent for review: 2015-02-10 21:36

Date reviewed: 2015-02-25 21:58

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Advices please see the attachment

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 17031

Title: Primary mediastinal neuroendocrine tumor with liver and bone marrow metastasis, mimicking lymphoma

Reviewer's code: 03354704

Reviewer's country: Canada

Science editor: Jing Yu

Date sent for review: 2015-02-10 21:36

Date reviewed: 2015-04-28 04:43

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Comments on # ESPS Manuscript NO: 17031 Summary. The authors describe a primary mediastinal neuroendocrine tumor with liver and bone marrow metastasis, mimicking lymphoma. This is a rare tumor with the main differential diagnosis being malignant lymphoma. The tumor had liver metastases, and also bone metastases which the authors say are rare for this type of malignancy. Comments/Concerns. 1. From the pathology images provided, I agree with the authors that the diagnosis is small cell carcinoma (SCC). So why not just call it 'primary mediastinal small cell carcinoma...' in the title? 2. Since SCC is one of the commonest lung malignancies, it is very important to rule out lung as the primary site instead of mediastinum. There is the chest imaging that is consistent with a mediastinal tumor, but I think that other images (in a different plane) to highlight this particular point would be useful. Since SCC commonly metastasizes to the liver, the liver images do not add much value. 3. In the 'Core tip' and text, the paper states that, for SCC, bone marrow metastases are very rare. I am inclined to disagree with this statement. While I agree that the liver is probably the commonest site for SCC visceral metastases, bone metastases are not at all uncommon. 4.



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Still on the question of SCC, was there a history of smoking? 5. Was an autopsy carried out to have a more definitive statement on the topographic location/anatomy of the tumor? I think that, without it, the study is weakened. Thank you.