



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 15924

Title: Intestinal type gastric adenocarcinoma with unusual synchronous metastases to the colorectum and bladder.

Reviewer's code: 00722239

Reviewer's country: Afghanistan

Science editor: Yue-Li Tian

Date sent for review: 2014-12-18 18:23

Date reviewed: 2014-12-25 09:09

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various quality grades and misconduct types like Google Search, Duplicate publication, and Plagiarism.

COMMENTS TO AUTHORS

The authors report a case of unusual synchronous metastasis to the colorectal and bladder probably originated from gastric cancer. Although this is well-written case report, I found several major issues which must be clarify for publication. Major comments 1. In title, which is the authors intend to mean "Intestinal type gastric adenocarcinoma" as "Intestinal type in Lauren classification" or "Intestinal differentiation (ig: MUC2+, CK20+, CDX2+)?" It is confusing. 2. Which do the authors consider this gastric tumor as recurrent cancer of 20 years ago or newly developed cancer in remnant stomach? This is very important. The authors should document their opinion in revised manuscript. 3. What is the reason for synchronous metastases primary gastric cancer to the colorectum and bladder? Only CK7+ expression? Although most of colorectal cancer showed CK20+/CK7- profile, colorectal cancer rarely expresses CK7+/CK20- profile. Furthermore, CK7+/CK20-/CDX2+ profile also applicable for a part of pancreato-biliary adenocarcinoma. They should document more detailed diagnostic strategy based on literatures. 4. The authors insisted as "gastric adenocarcinoma with intestinal differentiation". What is the rationale for "intestinal differentiation"? This case express



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CDX2 but CK20 is negative. Did the authors examine mucin expression profile (ig: MUC2, MUC5AC, MUC6)? 5. The authors insisted as "This report is the first described with synchronous colorectal and vesical metastases from a poorly differentiated intestinal type gastric adenocarcinoma". However, what is the "first"? "Synchronous colorectal and vesical metastases" or "poorly differentiated intestinal type gastric adenocarcinoma"? If the authors emphasize the "poorly differentiated", it is improper. Pathological examination is restricted only tiny biopsy specimens. I recommend to delete above sentence. 6. Regarding pathological photograph, Figure 2. The tumor cells forms tubular structure. It is not poorly differentiated adenocarcinoma, but intestinal type of adenocarcinoma in Lauren classification.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 15924

Title: Intestinal type gastric adenocarcinoma with unusual synchronous metastases to the colorectum and bladder.

Reviewer's code: 00723046

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Science editor: Yue-Li Tian

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| 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"/> No | <input checked="" type="checkbox"/> Minor revision |
| <input type="checkbox"/> Grade E: Poor | | BPG Search: | <input 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

It is a very unusual case of gastric Ca. with long time distal relapse in colon, bladder and huge abdominal lymph nodes. Specially remarkable is that primary tumor occurred 20 year ago. I think that should be interesting its publication in the journal but the authors must introduce some changes prior this scene. 1. The author should remark the deletereous prognosis of this condition and the limitation of the extremely short follow-up. 2. Abdominal TC images are mandatory prior publication and cystoscopy images are recommendable. I would put off some pathology images that also are interesting but in this case TC images are very important. I guess there is no limit about the images in this manuscript. 3. Is the term hidroureter linked with pelvic/kidney dilation?? in this case would be more correct the term URETEROHYDRONEPHROSIS. 4. Congratulation of the laparoscopic diagnostic and biopsies. It is a good idea. 5. Do you expected to get some information with the analysis of the peritoneum liquid? or with the biopsies you feel comfortable?