

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 45324

**Title:** Small cell lung cancer with panhypopituitarism due to ectopic adrenocorticotrophic hormone syndrome: A case report

**Reviewer's code:** 03086186

**Reviewer's country:** Taiwan

**Science editor:** Fang-Fang Ji

**Reviewer accepted review:** 2019-02-21 01:04

**Reviewer performed review:** 2019-02-21 09:19

**Review time:** 8 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

Dr. Ting Jin and the other authors described a man with complaints of hemoptysis, polyuria, polydipsia, increased appetite, weight loss, and pigmentation, and was diagnosed with small cell lung cancer, ectopic adrenocorticotrophic hormone syndrome



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(EAS), hypogonadism, hypothyroidism, and central diabetes insipidus. After three rounds of chemotherapy, levels of ACTH, cortisol, thyroid hormone, gonadal hormone, and urine volume returned to normal levels. In addition, the pulmonary tumor was reduced in size. EAS is known to cause disturbance in glucose metabolism, hypokalemia, peripheral edema, proximal myopathy, hypertension, hyper-pigmentation, and severe systemic infection, results from dysfunction of adrenal hormones. However, it is uncommon to observe dysfunction in other hypothalamus-pituitary hormones. These authors hypothesized that EAS induced high levels of serum glucocorticoid and a negative feedback on the synthesis and secretion of ADH from the paraventricular nucleus, and trophic hormones from the anterior pituitary. They need more evidence from the literature to support the hypothesis. The authors wrote that it is also possible that inadequate secretion of ADH due to tumor metastasis to the posterior pituitary may have been involved. Further studies will be needed to distinguish these possibilities. I suggest the authors to complete these studies to rule out metastasis to hypothalamus-pituitary axis.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

##### ***BPG Search:***

- ☐ The same title
- ☐ Duplicate publication



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[ ] Plagiarism

[Y] No

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**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 45324

**Title:** Small cell lung cancer with panhypopituitarism due to ectopic adrenocorticotrophic hormone syndrome: A case report

**Reviewer's code:** 02445408

**Reviewer's country:** Cuba

**Science editor:** Fang-Fang Ji

**Reviewer accepted review:** 2019-02-11 10:48

**Reviewer performed review:** 2019-02-22 12:45

**Review time:** 11 Days and 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
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publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

The manuscript described a rare case of a patient presenting panhypopituitarism associated to an EAS in a patient with small cell lung carcinoma. They confirmed metabolic disorders associated to this diagnose Is a high quality article that could serve



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as a reference for clinical oncologist. New findings: small cell lung carcinoma complicated with EAS, hypogonadism, hypothyroidism, and central diabetes insipidus. It was emphasized that metabolic disorders disappeared without specific treatment of all of these diseases, only got control with systemic specific treatment Authors hypothesis about a negative feedback by high levels of serum glucocorticoid affected the synthesis and secretion of ADH from the paraventricular nucleus and trophic hormones from the anterior pituitary and inadequate secretion of ADH due to tumor metastasis to the posterior pituitary has to be proved in further studies

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

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- ☐ Plagiarism
- ☐ No

##### ***BPG Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No