

## PEER-REVIEW REPORT

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

**Manuscript NO:** 50810

**Title:** Pembrolizumab - emerging treatment of pulmonary sarcomatoid carcinoma: A case report

**Reviewer's code:** 04423747

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Academic Research, Research Assistant Professor, Research Fellow, Research Scientist

**Reviewer's country:** Italy

**Author's country:** United States

**Reviewer chosen by:** Artificial Intelligence Technique

**Reviewer accepted review:** 2019-09-11 06:45

**Reviewer performed review:** 2019-09-16 18:22

**Review time:** 5 Days and 11 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 type="checkbox"/> Minor revision            | topic of the manuscript:                      |
| publish   | <input type="checkbox"/> Grade D: Rejection                 | <input checked="" 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**

The case report is interesting and well-described. According to this reviewer, some issues have to be addressed before acceptance. 1) The histologic figure is not sufficient. Sarcomatoid carcinomas may create diagnostic difficulties for pathologists. Please provide: a) an H&E figure at higher magnification to better highlight the pleomorphic cell component; b) PD-L1 immunohistochemistry with unequivocal tumor cell PD-L1 expression; c) cytokeratin 7 immunohistochemistry (possibly diffuse expression; otherwise, a picture with cytokeratin 8-18 staining). In addition, at least a marker of mesothelial differentiation should be tested. 2) CT scans should be better organized (for example a time-line) and possibly at the same CT scan level. 3) The discussion is somewhat redundant, especially where EGFR inhibitors are dealing with. Please shorten it. 4) Have ALK and ROS1 mutations been studied ? 5) All abbreviations have to be defined (e.g. PSA)

## **INITIAL REVIEW OF THE MANUSCRIPT**

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

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

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

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism



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[ Y ] No