

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 67082

Title: Rapid progression of colonic mucinous adenocarcinoma with immunosuppressive condition: A case report and review of literature

Reviewer's code: 05328072

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-04-14

Reviewer chosen by: Li Ma

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Reviewer performed review: 2021-05-25 04:29

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Special comments: In this manuscript, Dr. Kamimura presents the case of a young woman with mucinous colorectal carcinoma showing significantly rapid progression within four months of immunosuppressant therapy for Henoch-Schönlein purpura. The report is straightforward and provides us a relatively sufficient discussion. The following comments are offered. 1.The diagnosis is based on various dimensions including colonoscopy examination and histological analysis, both are the most convinced criteria, but a concern comes to the following events after treatment that we could monitor tumor progression directly by performing a colonoscopy in addition to the outcomes of the laboratory and imaging examinations, according to which we could offer a more suitable cure plan and prevent tumor recurrence. 2.The report provides experiences and instructions while addressing patients with rapid tumor progression after immunosuppressant therapy, and we should discuss more about the complicated relationship between long-term use of immunosuppressants, glucocorticoid therapy and colorectal cancer, besides that, the methods to obtain favorable treatment and the effects of primary disease should be investigated more. 3.Several references should be updated and it would be more obviously while presenting standard values in tables.

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 67082

Title: Rapid progression of colonic mucinous adenocarcinoma with immunosuppressive condition: A case report and review of literature

Reviewer's code: 02451447

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Japan

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors reviewed one case of ascending colon mucinous adenocarcinoma progression in immunosuppressive status. 1. Title: Would suggest to change to: Progression of COLONIC Mucinous Adenoarcinoma with Immunosuppressive Condition: Rare Case Report and Review of Literature 2. Please also change in the main text and abstract from Mucinous colorectal carcinoma to colorectal mucinous adenocarcinoma. Mucinous carcinoma is one subtype of adenocarcinoma. Also when the authors mention the current case report, please use colonic mucinous adenocarcinoma. For example: "Here we report a rare case of ascending mucinous colorectal adenocarcinoma" should be "Here we report a rare case of ascending colon mucinous adenocarcinoma". Since this carcinoma was located in ascending colon, please do not use "colorectal". Colorectal can be a general term to describe the carcinomas in colon and rectum. 3. For the tumor stage stage T4aN2aM1b. I think this is a clinical stage (cT4aN2aM1b), right? Is it AJCC 8th edition for the staging? can you explain why it is N2a? where are 4-6 lymph nodes are positive (N2a:Four to six regional lymph nodes are positive). Why is M1b? Based on your description, the liver is the only involved organ. If only liver is involved, it should be M1a (M1a: Metastasis to one site or organ is identified without peritoneal metastasis; M1b: Metastasis to two or more sites or organs is identified without peritoneal metastasis; pM1c: Metastasis to the peritoneal surface is identified alone or with other site or organ metastases). 4. This patient is young (39 yrs) and the tumor morphology is mucinous. A possibility of MMR deficiency by immunohistochemical stain or MSI test by PCR is a must for the cancer management and rule out the possibility of Lynch Syndrome, although this patient had no family history of cancer. Please do at least IHC for MLH1, PMS2, MSH2 and MSH6 stains to show the MMR/MSI status for this case. Patients with MSI-high CRCs including mucinous

adenocarcinoma often have better prognosis. Please discuss this too. 5. Although CT study did not reveal colon cancer before the PSL treatment, the possibility of missing the colon cancer initially cannot be completely excluded. The authors should discuss that too.

6. The authors used "with lymphatic and liver metastases". You meant lymph node metastasis? lymphatic and lymph node metastasis are 2 different concepts. 7. Pathologic diagnosis: The authors used Muc2 and MUC5AC to diagnose this colonic mucinous adenocarcinoma. Muc2 is intestinal marker but Muc5AC is a gastric mucin-type marker. Why Muc5AC is positive. Why commonly used markers such as CK7, CK20 and CDX2/SATB2 were not used to confirm this colonic primary? Would suggest to run these markers to confirm is is colonic primary? Especially the biopsy picture (Figs 3a and 3b) did not show any precursor lesion and the tumor cells/mucin looks like underneath the surface mucosa. 8. Tables 1 and 2. Please also list the normal reference range of the lab data. 9. The current case is mucinous adenocarcinoma. How about other reported cases in table 3, how many of them were mucinous adenocarcinoma?