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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11804

Title: Pancreatic carcinosarcoma: first literature report on CT imaging

Reviewer code: 00068668

Science editor: Ya-Juan Ma

Date sent for review: 2014-06-06 21:09

Date reviewed: 2014-07-07 10:11

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Inn the present case report the authors shows a very interesting clinical case. However I have some concerns: 1. In the first clinical evaluation when the lesion was initially detected and diagnosed as a mucinous tumor, why did not the patient was to surgery? 2. Please comment in the discussion the utility of EUS and EUS-FNA for the approach of cystic lesions in the pancreas.



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 11804

Title: Pancreatic carcinosarcoma: first literature report on CT imaging

Reviewer code: 00037961

Science editor: Ya-Juan Ma

Date sent for review: 2014-06-06 21:09

Date reviewed: 2014-07-12 02:07

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B: Very good	<input type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This study determines the histopathological features of the carcinosarcoma lesions of the pancreas as this is an extremely rare tumor with a poor prognosis. The authors report the CT appearance of pancreatic carcinosarcoma, which is presenting as a mucinous cystadenoma, in one female patient. Detailed analysis and conclusion of the CT characteristics were done according to the appended CT images in other reported cases. The authors claim that this is the first report of CT features of pancreatic carcinosarcoma in English literature. Major comments: This is a case study of a rare patient suspected with pancreatic carcinosarcoma. The diagnostic criteria that was provided with only CT images look good but not thoroughly convincing with this specific diagnosis. However, combining CT images with H & E staining provided much more greater emphasis contrasting this specific diagnosis with other types of adenocarcinoma lesions. In addition to CT images some other oncogenic protein expression with immunostaining could have greater impact in the specificity of the diagnostic criteria. Please provide arrowhead to the images in order to reflect the areas of interest. Minor. Some editing of English will be needed. There was no statistical analysis involved since it is a single case study.