

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 14557

**Title:** Mucinous phenotype and CD10 expression of primary adenocarcinoma of the small intestine: Possible association with biological behavior, genetic alteration and microsatellite instability status

**Reviewer code:** 00033010

**Science editor:** Yuan Qi

**Date sent for review:** 2014-10-13 21:02

**Date reviewed:** 2014-10-23 16:11

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" 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 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	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

The paper by Kumagai et al entitled "Mucinous phenotype and CD10 expression of primary adenocarcinoma of the small intestine: Possible association with biological behavior, genetic alteration and microsatellite instability status" investigates the expression of CD10, MUC5A, MUC2, MUC6 and proteins related to microsatellite instability/mismatch repair proteins (MLH1 and MSH2) in 47 cases of small bowel adenocarcinoma, evaluated by immunohistochemistry. Then, Authors correlated the immunohistochemical pattern of expression of these molecules to size, grade and stage of the tumor. The paper is well written and detailed, but some criticism may be moved: ? Some abbreviations are not fully explained. ? Authors should clarify why they considered as negative controls for mismatch repair protein expression, the normal tissue close to cancer of resected specimens, instead of small bowel tissue from healthy population. ? Authors should report clearly the correlation between mucins/CD10 expression and TNM stage. Although they reported the main differences in table 3, a discussion in the text is fundamental, and should be supported by a statistical comparison. This aspect is lacking in the text. ? Figure 1A: an arrow highlighting CD10+ cells may be useful. ? The intelligibility of CD10 staining in figures 1 and 2 is poor. Arrows denoting positive and negative staining are necessary, a higher magnification could be useful.

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**Title:** Mucinous phenotype and CD10 expression of primary adenocarcinoma of the small intestine: Possible association with biological behavior, genetic alteration and microsatellite instability status

**Reviewer code:** 00225294

**Science editor:** Yuan Qi

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

## COMMENTS TO AUTHORS

The work by Kumagai et al, describes an association between the clinicopathological aspects of small intestine adenocarcinomas and microsatellite instability. The number of samples is reduced but sufficient in support of their claims. However, some aspects need clarification: 1. Can the authors perform an additional linkage analysis of the clinical and personal parameters (age, sex, mutational analysis, etc.) 2. Have the authors the possibility to incorporate other Ras alterations (Kras vs NRas) and p53. This is important in view of the literature regarding the biological outcomes of these adenomas.