

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31148

Title: Gastrointestinal stromal tumor of the stomach with axillary lymph node metastasis: A case report

Reviewer's code: 03025589

Reviewer's country: Japan

Science editor: Jing Yu

Date sent for review: 2016-11-01 17:17

Date reviewed: 2016-11-14 20:33

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

General comments: This is the interesting case report describing GIST of the stomach with distant lymph node metastasis. As the authors mention, lymph node metastasis of GIST is very rare, therefore, the appropriate therapy for GIST with lymph node metastasis remains controversial. However, there are several points that should be resolved to improve the manuscript. Major comments: 1. You concluded that imatinib was not effective in consecutive controlling the primary gastric lesion and resection should be considered in similar cases. However, I don't think that the case report leads to this conclusion because it is only one case report and the appropriate therapy for GIST with lymph node metastasis remains controversial. Please reconsider the conclusion more suitably. 2. It is important to estimate the re-appraisal of risk classifications for GIST. Please describe the histopathological examination of primary biopsy and surgical resection of GIST and risk classification such as mitotic index and modified Fletcher classification. 3. In this case report, the patient was treated by adjuvant chemotherapy; imatinib, regorafenib, and sunitinib in the order. However, it seems to be an unconventional method. Please discuss in more detail. 4. You



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mentioned that "the 6-month follow-up revealed rapid response in the primary lesion" in page 5 line 8. How did you follow up the patient? Please add more clear information. 5. You mentioned that "gastroscopy revealed a large tumor with ulceration in the upper stomach body" in page 4 line17. To understand more clearly, please add the endoscopic pictures of the lesion. Minor comments: 1. There seems to be some references in the wrong position. Please check again carefully. 2. English editing should be sought.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31148

Title: Gastrointestinal stromal tumor of the stomach with axillary lymph node metastasis: A case report

Reviewer's code: 02446368

Reviewer's country: China

Science editor: Jing Yu

Date sent for review: 2016-11-01 17:17

Date reviewed: 2016-11-21 15:48

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

"We believe that these findings will be of interest to your readers, and that they are suited to the scope of your journal." I believe,also.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 31148

Title: Gastrointestinal stromal tumor of the stomach with axillary lymph node metastasis: A case report

Reviewer's code: 03505493

Reviewer's country: Italy

Science editor: Jing Yu

Date sent for review: 2016-11-01 17:17

Date reviewed: 2016-11-22 18:37

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

In this manuscript, the Authors describe a GIST with a concomitant axillary lymph node metastasis. This report may be of interest for the reader of this journal. however, there is some points to be addressed in my opinion. 1. Please give the pathological data complete of the metastatic lymph node: size, diameter of the metastasis, presence or absence of extranodal extension, mitosis in the metastasis in relationship with the primary (more, less, whatever?) 2. In the figure please remove CD34: it is not specific for GIST, you can replace it with other marker more specific as DOG1. 3. In the same figure, please show that it is a lymph node...I see only tumor, no lymph node, please give also a photograph with lower magnification 4. please discuss more in depth the staging for metastatic GIST: a metastasis in a regional lymph node (gastric) is so different from an axillary metastatic lymph node..different in the prognosis, different in the staging? please discuss this point.