

# PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 78955

**Title:** Rectal tubular adenoma with submucosal pseudoinvasion misdiagnosed as adenocarcinoma: A case report and review of the literature

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03479334

**Position:** Editorial Board

Academic degree: MD, PhD

Professional title: Chief Physician

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-07-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-18 11:55

Reviewer performed review: 2022-08-27 09:38

Review time: 8 Days and 21 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority) [Y] Accept (General priority)</li> <li>[ ] Minor revision [ ] Major revision [ ] Rejection</li> </ul>
Re-review	[Y]Yes []No



Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

### SPECIFIC COMMENTS TO AUTHORS

Good work



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

**Reviewer's code:** 06215100

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2022-07-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-29 14:27

Reviewer performed review: 2022-09-03 20:43

Review time: 5 Days and 6 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ ] Minor revision [ Y] Major revision [ ] Rejection</li> </ul>
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#### SPECIFIC COMMENTS TO AUTHORS

1. The authors spoke in 1st person frequently. It would have been better to use passive 2. In case summary paragraph, the authors said "Ultrasound colonoscopy was voice. also performed and a homogeneous hypoechoic mass about 0.52 x 0.72 cm in size was seen at the lesion, protruding into the lumen with clear borders and invading the submucosa". I think U/S cannot detect the submucosal invasion of colorectal adenoma. It is a histopathological finding. 3. Also in case summary paragraph, "a tubular adenoma with high-grade intraepithelial neoplasia (intramucosal carcinoma)". colorectal adenoma with high grade dysplasia is totally different from intramucosal carcinoma. 4. There are no references in the introduction section. 5. The definition and description of colorectal adenoma with pseudoinvasion are not mentioned in the introduction. 6. There is no pathological diagnosis called "Tubular adenoma with high-grade intraepithelial neoplasia (intramucosal carcinoma)". Either tubular adenoma with high grade dysplasia or intramucosal carcinoma. 7. For more details regarding colorectal adenoma and adenocarcinoma the authors would have been better to revise WHO classification of tumors of digestive system book, chapter of colorectal tumors. 8.

I think there is confusion in the final diagnosis. In the paragraph of final diagnosis, the authors wrote "tubular adenoma with high-grade intraepithelial neoplasia (intramucosal carcinoma) involving the adenolymphatic complex", while in discussion they wrote "The lesion was found to be a rare high-grade tubular adenoma of the rectum with pseudoinvasion of the submucosa only after late review of the pathology". Which one of them was the case????? 9. What did the authors mean by the term "adenolymphatic complex"??



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Peer-review model: Single blind

Reviewer's code: 05388269

**Position:** Peer Reviewer

Academic degree: MD, RN

Professional title: Assistant Professor, Attending Doctor, Doctor, Nurse, Research

Assistant, Staff Physician, Statistician, Surgeon

Reviewer's Country/Territory: Philippines

Author's Country/Territory: China

Manuscript submission date: 2022-07-29

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-09-19 04:05

Reviewer performed review: 2022-09-27 13:58

**Review time:** 8 Days and 9 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority)</li> <li>[ ] Accept (General priority)</li> <li>[ Y] Minor revision</li> <li>[ ] Major revision</li> <li>[ ] Rejection</li> </ul>



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#### SPECIFIC COMMENTS TO AUTHORS

1. Describe what change in stool habit? – melena/ constipation/ obstipation/hematochezia 2. What is a hypofractionated adenocarcinoma? – define clearly in manuscript 3. What prompted to have the specimen re-read at the Department of Pathology of the Second Affiliated Hospital of Zhejiang University School of Medicine? Explain in manuscript 4. OUTCOME – is it "One year after ESD?"

5. When should surgeons suspect it no to be prepiaroneal?