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ESPS Peer-review Report
Name of Journal: World Journal of Gastrointestinal Surgery
Ms: 3302
Title: Hepatic paraganglioma and multifocal gastrointestinal stromal tumor in young female : a case of incomplete Carney triad
Reviewer code: 02446368
Science editor: s.x.gou@wjgnet.com
Date sent for review: 2013-04-22 13:57
Date reviewed: 2013-04-27 20:36

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[Y] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[ ] Grade D (Fair)		BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS

COMMENTS TO AUTHORS:
How long is the follow-up visits?

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ESPS Peer-review Report
Name of Journal: World Journal of Gastrointestinal Surgery
Ms: 3302
Title: Hepatic paraganglioma and multifocal gastrointestinal stromal tumor in young female : a case of incomplete Carney triad
Reviewer code: 02445519
Science editor: s.x.gou@wjgnet.com
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Date reviewed: 2013-04-27 22:25

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS

COMMENTS TO AUTHORS:
This paper reports a case of incomplete Carney triad.It is interesting because it adds to literature a new case of a rare disease. The take home message is to suspect CT in young GIST patients , especially with multiple tumors. To better clarify the take home message and focus on preoperative diagnosis of CT, the authors should discuss the preoperative workout of the patient: why they did not perform a biopsy of the PET negative lesion of the liver? Did they perform molecular analysis of the tumor to research PDGFR /KIT mutations? If the authors suspected a metastatic GIST, why they chose surgery instead of imatinib as front line approach? Preoperative PET, Molecular analysis of the primary tumor biopsy and percutaneous biopsy of suspected metastatic lesions improve the probability of a correct preoperative diagnosis in all Gist patients and improve treatment

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ESPS Peer-review Report
Name of Journal: World Journal of Gastrointestinal Surgery
Ms: 3302
Title: Hepatic paraganglioma and multifocal gastrointestinal stromal tumor in young female : a case of incomplete Carney triad
Reviewer code: 01208993
Science editor: s.x.gou@wjgnet.com
Date sent for review: 2013-04-22 13:57
Date reviewed: 2013-04-29 04:14

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[Y] Grade C: a great deal of language polishing	[ ] No records	[Y]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[Y] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS

COMMENTS TO AUTHORS:
The authors report a patient with multifocal gastric GIST and a paraganglioma of the liver, and conclude that this represents a case of "incomplete" Carney triad (i.e., without pulmonary chondroma). However, it is not possible to determine whether this indeed represents Carney triad with germline testing. Some patients with Carney-Stratakis syndrome do not have a family history. Germline testing for SDHA, SDHB, SDHC, and SDHD mutations must be performed to evaluate for this possibility. The last sentence of the conclusion does not make sense; I would emphasize the critical importance of SDHX germline testing for the distinction between the SDH-deficient GIST syndromes. Additional minor comments are listed below.
1. The assignment of "intermediate risk" category to the GIST in this case is not appropriate. Unlike conventional KIT/PDGFRA-mutant GISTs, risk assessment using the traditional parameters (size, mitotic rate, anatomic site) does not apply (see Am J Surg Pathol. 2011 Nov;35(11):1712-21).
2. The histology of the GISTs in this case are not described. Were they epithelioid, spindle cell, or mixed?
3. The authors should include H&E histology of the GIST and paraganglioma in the figures, not only immunohistochemistry.
4. Figure 4 does NOT depict a GIST (or KIT immunohistochemistry). This looks like a paraganglioma - perhaps this is S100?
5. Figure 5 may be a KIT stain in the GIST (NOT paraganglioma).