

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 78855

Title: Silent advanced large cell neuroendocrine carcinoma with synchronous adenocarcinoma of the colon: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06230814

Position: Peer Reviewer

Academic degree: Doctor

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2022-07-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-07-27 02:40

Reviewer performed review: 2022-08-02 13:23

Review time: 6 Days and 10 Hours

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 Grade E: Do not publish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

Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The case study: (Silent advanced large cell neuroendocrine carcinoma with synchronous adenocarcinoma of the colon: A case report) presents a interesting study of this very rare case in the colon, yet there few points to be addressed before publication:-Ethics committee approval and patient consent: mention number/date of the consent.-Case summary: How did you determine if the liver, lung, bone and lymph node metastases were LCNEC? -Discussion: "Kato et al.reported a CK20 positive (a common marker found in colorectal adenocarcinoma) large cell NET that occurred synchronously to colorectal adenocarcinoma, suggesting different types of gastrointestinal neoplasm might originate from a common stem cell clone which might share a similar genetic mutation(s) during early oncogenesis. " LCNEC tumor cells are identified by immunohistochemical stain for CK20 is recommended for more confirmation of the case.

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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00183481

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: South Korea

Manuscript submission date: 2022-07-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-03 11:25

Reviewer performed review: 2022-08-08 07:50

Review time: 4 Days and 20 Hours

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

Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors reported a rare case with synchronous large cell neuroendocrine carcinoma (LCNEC) and adenocarcinoma in the colon. The patient did not complain any symptom even with anemia (Hb 5.1g/dL) and refused systemic chemotherapy. The survival more than three months has been confirmed. The synchronous tumors with neuroendocrine neoplasms are reviewed and the association is discussed (Rafael Parra-Medina, PLOS One 2019). Colonic LCNEC combined with adenocarcinoma in the colon is very rare condition, and only a few case reports have been published (Mohapatra S, J Surg Case Rep 2016). One of the discussion issues is pathogenesis of the synchronous tumors. In this case presentation, further histological and genetic analysis is required. Another critical point is treatment. Systemic chemotherapy is recommended but he refused. The survival term without chemotherapy will give us very important information. Small points This patient did not complain any symptom even though he had severe anemia. "Silent advanced large cell neuroendocrine carcinoma....." was quite strange. Red blood cell count and reticulocyte count will be informative to discriminate chronic or acute anemia. In laboratory tests, is neuron specific enolase (NSE) measured?

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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06330510

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2022-07-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-03 16:45

Reviewer performed review: 2022-08-08 14:39

Review time: 4 Days and 21 Hours

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

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

The authors reported a case of Silent advanced large cell neuroendocrine carcinoma with synchronous adenocarcinoma of the colon. I think however that there are a few improvements that should be made . 1. The definition, epidemiology, diagnosis, symptoms, signs and diagnostic imaging of LCNEC can be appropriately introduced in the introduction 2. CgA and synaptophysin are necessary for diagnostic confirmation but proliferative index of Ki-67 and mitotic index are necessary for prognostic information.What was the result of CgA and proliferative index of ki-67? 3.The readers should be interested in the treatment strategy for LCNEC with synchronous adenocarcinoma . The authors should discuss treatment strategies appropriately in Discussion.

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Peer-review model: Single blind

Reviewer's code: 05774529

Position: Editorial Board

Academic degree: FASCRS, MD, PhD

Professional title: Deputy Director

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2022-07-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-03 01:42

Reviewer performed review: 2022-08-15 01:18

Review time: 11 Days and 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Thanks for allowing me to review this manuscript. 1. The patient was diagnosed advanced cancer in colon with hematogenous metastasis in the liver, lung, bones, peritoneum, supraclavicular lymph node, and the authors did not describe the metastasis lesions in lung in detail. Regarding the lung is the second most common organ for the neuroendocrine neoplasm after the gastrointestinal tract, please present more details to distinguish the lesions in lung were primary or secondary neuroendocrine cancer. 2. Please discuss the drug therapy for this patient and patients diagnosed large cell neuroendocrine carcinoma with synchronous adenocarcinoma of the colon.