



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Oncology*

Manuscript NO: 76884

Title: Mucinous adenocarcinoma arising from a tailgut cyst: a case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05774393

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: Greece

Manuscript submission date: 2022-04-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-25 11:50

Reviewer performed review: 2022-04-25 13:04

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 Grade E: Do not publish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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Why did not you consider it Malignant teratoma?? Did you check the appendix and ovaries?? Why is it positive for CK7?



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Peer-review model: Single blind

Reviewer's code: 04028454

Position: Editorial Board

Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Greece

Manuscript submission date: 2022-04-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-09 17:36

Reviewer performed review: 2022-05-12 15:53

Review time: 2 Days and 22 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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SPECIFIC COMMENTS TO AUTHORS

1. Really interesting case, worth reporting in the literature. I think this will be valuable to publish. 2. Would benefit from some minor language improvements, examples: "Mucinous adenocarcinoma is a rare type of carcinoma occurring on TC with only 18 cases reported in English literature, from to 1988 to 2021." "Forty percent (40%) of TCs occurring in children and newborns are teratomas and could be developed during 1st trimester of pregnancy" "TCs are usually asymptomatic until clinical recognition" 3. I think you need references after these statements: "The majority of TCs are benign, nevertheless rare cases of malignancies, have been reported including this presented case. Apart from adenocarcinomas, neuroendocrine carcinomas, endometrioid carcinomas, adenosquamous carcinomas, squamous cell carcinomas and sarcomas have also been described" 4. In regard to radiation and chemotherapy, you have the following two statements in your manuscript: "After the histopathology report, the oncology council recommended 22 sessions of radiotherapy, while the patient completed the treatment." "If TC turns out to be malignant, treatment could include adjuvant radiation therapy alone or in combination with chemotherapy. (3) It is believed that adjuvant radiation and chemotherapy can contributes to the prevention of tumor recurrence. " I think you should have some more information about what is in the (limited) literature to support your use of chemo and/or radiation - give us more details from any studies that have been done, not just a reference #. 5. Again, regarding the next quote, I suggest not just a reference #, but more details from any literature supporting the use of PETCT vs CT vs MRI vs CEA? "Follow up of the patient is also recommended, including monitoring for signs of recurrence, periodic PET-CT scans, in addition to serum CEA levels, which serve as an indicator of the tumor's response to



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treatment, as well as recurrence. (15)" 6. More details from the actual operation would be helpful: any other preop planning issues? other surgeons involved? any tips for safe dissection? lithotomy vs prone? bowel prep? postop wound care? why in hospital 7 days?