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315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Respiriology

ESPS Manuscript NO: 2841

Title: EGFR mutation identifies distant squamous cell carcinoma as metastasis from lung adenocarcinoma

Reviewer code: 00023818

Science editor: Gou, Su-Xin

Date sent for review: 2013-03-20 09:38

Date reviewed: 2013-04-04 03:09

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors reported a case that a 70-year-old Japanese woman had an adonocarcinoma in her lung and squamous carcinoma in her femur. They identified EGFR mutation, G719S, in both tumors, and then they conclude the tumor in the femur was identified genetically as a lung cancer metastasis, and both tumors had a common origin, despite their histologic dissimilarity. However if the authors have the evidence to show that in general there is no EGFR mutation, G719S, in the tumor in the femur, then the inference can be drawn.



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Science editor: Gou, Su-Xin

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Date reviewed: 2013-04-09 01:00

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<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This an interesting case report, in which the authors document EGFR mutation in an osteolytic lesion in the femur, and trace its origin back to an adenocarcinoma of the lung. The manuscript is quite well written and presented. I have a few suggestions to improve the clarity and scope of the paper. 1. The sequence data shown in Fig 4A need to be improved – the read is “N” i.e. unidentifiable, compared to “G” in Fig. 4B. As the crux of the manuscript is that the same mutation was present in primary and metastatic lesions, this must be unequivocal. 2. Introduction: spell out / explain the tumor markers (CEA, CYFRA, SCC). 3. Fig. 2C&D – show appropriate negative controls. Which isoform of p63 was detected? 4. A brief description of the antibody staining methods (see point 2, above) is required. 5. The paper would benefit from some additional discussion regarding squamous vs. adenoid differentiation and the factors involved. Also, are there any previous studies of similar nature that have been performed on primary/metastatic lesions in lung or other tissues, e.g. using p53 mutations? This would be worth including.