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ROUND 1

POINT-BY-POINT RESPONSE TO EACH OF THE ISSUES RAISED IN THE PEER REVIEW REPORT

Reviewer #1:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Major revision
Specific Comments to Authors: Comments Name of Journal: World Journal of Clinical Cases Manuscript NO: 81603 Manuscript Type: CASE REPORT Manuscript Title: Incidental right atrial mass in a patient with secondary pancreatic cancer: A case report and literature review This paper reported a case of incidental right atrial mass in a patient with secondary pancreatic cancer.There are a few of defects need to be modified. 1.CT images should be provided. Enhanced CT or plain CT scanning, and whether the mass is enhanced. Enhanced CT can show the blood supply of the mass, which is helpful to differentiate cardiac tumors from cancer-associated thrombosis (CAT). The authors should provide CT images and describe the features of CT images. 2.More importantly, the final diagnosis of this case is not clear.

RESPONSE TO REVIEWER 1

POINT 1)

We did not provide the CT images of the mass since the clinical conditions of the patient quickly and severely worsened as showed in a table format (Table 2: Timeline of clinical history), resulting in incomplete data. Besides, we ethically decided not to proceed asking for further, albeit useful, work up examinations that could have implied “therapeutic persistence”, as the patient suffered for advanced cancer with poor prognosis as presented in a descriptive table format (Table 1: patient’s perspectives). Accordingly, in the absence of CT images, the differential diagnosis became more challenging, as it was solely based on the clinical history and, mainly, on the features of echocardiogram. If we would have had CT images of the mass, the differential diagnosis could have been simple and immediate without a proper and detailed discussion section as we expressed in this complicated case. Indeed, the main aim of this

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case is: how should phisicians deal with the incidental finding of a large right atrial mass echocardiographycally detected during follow-up when further work up is unavailable? We fully highlighted the utmost importance of a basic, although essential, first line safe diagnostic tool, such as echocardiogram, that is easily and globally available in comparison to other more sophisticated exams (TC, MR, PET) that are not often found in most of the hospitals, are not cost-effective and sometimes dangerous for the exposure of the patient to inonizing radiations and/or contrast medium. Therefore, we provided a table format (Table 3: Differential features of thrombus and tumor atrial masses by echocardiography) with the main echocardiographic features to distinguish a thrombus from a cancer and an illustrative picture (Figure 7) describing the common locations of cardiac masses. The limit of this case is widely declared in the text (Core tip: 4-5 lines, Final diagnosis: 1-2 lines, Discussion: the fifth last line); to say more, most of the physicians will recognize their clinical cases more difficult to manage in this case. However, to overcome this drawback, we provided a non-invasive diagnostic flow-chart to aid in making diagnostic decisions in the case of atrial masses. Besides, we are not in accordance with current guidelines that consider echocardiogram as a diagnostic tool on the same level as TC, MR and PET to guide differential diagnosis of atrial masses. We now provide and edited version of Table 3 with more details on the different echocardiographic features between benign and malignant tumors.

POINT 2)

In the text we underscored the final diagnosis with a focus on the major role of echocardiogram compared to the other diagnostic examinations (TC, MR, PET). Indeed, given that the patient was diagnosed with a recent extended cancer associated thrombosis and the patient's cancer history together with the typical echocardiographic features of the mass, we assumed that the mass was a new clot as mentioned more than one time in the text (Core tip: 5-6-7, Final diagnosis: 2-3-4-5, Conclusion: 3-4-5 lines).

Reviewer #2:
Scientific Quality: Grade D (Fair)
Language Quality: Grade B (Minor language polishing)
Conclusion: Rejection
Specific Comments to Authors: Authors provide a relatively rare case of right atrium mass during the routine cardioncological workup with a history of breast cancer and current secondary metastatic pancreatic cancer. We thank the

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authors for presenting a complete case and for describing in detail the diagnostic procedure for this type of clinical condition, as well as the differential diagnosis of intracardiac blood clots and tumors, which were very significant. From this point, this case provides some reference experience for clinical diagnosis and treatment. Unfortunately, this case is not innovative from diagnosis to treatment. Table 3. “Differential features of thrombus and tumor atrial masses by echocardiography”. (1). Authors menioned that tumor atrial masses occurred in right, ignored left atrial myxoma. Left atrial myxoma can reach the valve orifice in diastole, and even cause obstruction. That if the title of the table 3 was changed to distinguish thrombus from metastasis may be better. (2). Intra-atrial tumors can be single or multiple. From our experience, it seems that there are more single ones.

RESPONSE TO REVIEWER 2

POINT 1)

This case aimed to orient the differential diagnosis between thrombus and cancer. Therefore, a complete description of the echocardiographic features to discriminate thrombus from cancer is indicated in a table format (Table 3: Differential features of thrombus and tumor atrial masses by echocardiography). The features of the cancer include benign, malignant, primary and secondary tumors, due to the main purpose of the presented clinical case: thrombus or cancer? The site of a thrombus is usually the left atrium or the left ventricle and less frequently the right chambers. However, the right-sided location of the mass in this clinical case could have addressed for a cancer more than a thrombus, as we only consider the site of the mass. Accordingly, we yielded a precise explanation in the discussion section of the echocardiographic pros and cons between thrombus and cancer features to explain our diagnostic hypothesis in favour of a new thrombus and not a cancer. On the contrary, cancer is usually detected in the left atrium (benign tumor) and in the right chambers/left atrium/multiple chambers/pulmonary artery trunk (malignant tumor). Accordingly, we now provide and edited version of Table 3 with more details on the different echocardiographic site-related (right or left) features between benign and malignant tumors.

POINT 2)

In regard to the mass number, thrombus usually is a single mass while cancer could be a single mass (benign tumor) or multiple masses (malignant tumor). Therefore, we provide an edited

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version of Table 3, without changing title, since the main focus of the clinical case is the management of differential diagnosis between thrombus and every type of cancer including benign, malignant, primary and secondary. We specified the typical features between benign and malignant tumors related to the number of atrial masses.

Reviewer #3:
Scientific Quality: Grade A (Excellent)
Language Quality: Grade A (Priority publishing)
Conclusion: Accept (High priority)
Specific Comments to Authors: In this case report article, the authors present us with a reported case of a cardiac mass in a patient with advanced oncology. Although VTE is frequent in advanced tumor exchange, very large masses inside the heart are relatively rare. The specific pathology of the patient's mass was limited by the fact that it was not available in the advanced stage of the disease, resulting in incomplete data. However, the authors show us in detail the common locations and causes of cardiac masses through a detailed description in the discussion section and in a picture and table format. The authors also present a diagnostic flow chart to aid in making diagnostic decisions in the case of atrial masses. This article is of good clinical value. Therefore it is recommended for publication.

RESPONSE TO REVIEWER 3

POINT 1)

We do appreciate your interest and attention for the presented clinical case.

ROUND 2
SPECIFIC COMMENTS TO AUTHORS

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The authors have revised the manuscript in accordance with the peer-review report. I don't have any more comments.

RESPONSE TO RE-REVIEW REPORT OF REVISED MANUSCRIPT REVIEWER 1

Thank you reviewer 1 for the attention and time you dedicated to our work.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 81603

Title: Incidental right atrial mass in a patient with secondary pancreatic cancer: A case report and literature review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05751595

Position: Peer Reviewer

Academic degree:

Professional title:

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2022-11-16

Reviewer chosen by: Jia-Ru Fan

Reviewer accepted review: 2022-12-19 12:03

Reviewer performed review: 2022-12-20 04:21

Review time: 16 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

Thank the author for carefully answering the previous questions. I have another suggestion. Tittle is "Incidental right atrial mass in a patient with secondary pancreatic cancer: A case report and literature review", The title makes readers feel that this article should focus on the diagnosis and differential diagnosis of right atrial mass (metastasis lesion), but after reading it, I feel that the author's center shifts to the diagnosis and treatment of cancer-associated thrombosis. In this case, it is suggested that the author change the title and makes it more clear.

RESPONSE TO RE-REVIEW REPORT OF REVISED MANUSCRIPT REVIEWER 2

Thank you reviewer 2 for the clear and precious suggestion. We partially agree with you, since the major aim of the paper is: "How should a physician manage the incidental detection of a large atrial mass in the absence of complete diagnostic tools to differentiate a thrombus from a cancer?". This difficult clinical management happens worldwide, due to the absence of more sophisticated diagnostic exams such as RM, TC and PET in most of the hospitals in the world. That's why we have chosen as a scientific journal to publish our work "The world journal of clinical cases" that is fully and globally read. We carefully checked the related published literature and, in conclusion, we found that it is very poor on this clinical issue. Indeed, we did not find papers addressed to this specific challenging medical scenario (see Table 3 that we edited after the first revision). Although the main topic of the paper is the differential diagnosis between cancer (primitive or metastatic) and clot (see Figure 9), we decided to go deeper and to add also a huge discussion comprehensive also of the most common cardiovascular complication in cancer that is cancer-associated thrombosis (CAT), as you correctly mentioned. Besides, we supposed and choose for a new event of CAT and not a tumor (primitive or metastatic). Moreover, we decided to give a practical address to the paper and we provided also a new, proper and lean diagnostic flow-chart (see Figure 10) that every physician could use in clinical practice to handle with a rare clinical echocardiographic detection as we encountered. Therefore, we appreciate your useful suggestion, but we believe it should be better not to change the title, mostly due to the lack of this kind of title and this aim in the related already published articles. This title would like to underscore that it is a unique case and that data are missing on this insidious clinical conundrum.

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The paper is presented with this title as a novel, complete and manageable scientific chance to quickly and correctly face with a dreaded echocardiographic dilemma of an incidental atrial mass in a patient with an advanced secondary cancer. We also produced an updated and rich review. On the contrary, literature is full of papers on CAT that is the most studied and major cardiovascular complication of cancer. Finally, the title that we highlight and we do now confirm is immediate, appealing and short, overall features to promptly capture the attention of the readers all over the world.