

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Oncology*

**Manuscript NO:** 78705

**Title:** Exceedingly rare coexistence of metamorphosis of tubulo-villous adenoma of the ampulla to adenocarcinoma with small bowel gastrointestinal stromal tumor-Case report and review of the literature

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05104479

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor, Surgeon

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-07-11

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-07-12 23:50

**Reviewer performed review:** 2022-07-18 16:46

**Review time:** 5 Days and 16 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<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

<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

I would like to congratulate the authors who presented an infrequent case of synchronous ampullary adenocarcinoma and small bowel GIST. The patient's examination data were well documented. I have a few comments regarding the manuscript as follows.

1. The authors describe polypoid masses include tubulo-villous adenoma of the ampulla of Vater (TVAoA) and adenocarcinoma of the ampulla of Vater arising from TVAoA in the manuscript. But in fact, it's just ampulla of Vater adenoma canceration and it can't be considered two tumors.
2. The authors describe gastrointestinal stromal tumor (GIST) involving the jejunum in the background section, and describe a pedunculated small bowel GIST was found 150 cm proximal to the ileocaecal valve in the manuscript. Please check that whether 150 cm proximal to the ileocaecal valve belongs to the jejunum?
3. It may not be necessary to list laboratory examinations in Table 1, but simply describe meaningful anomaly indicators.
4. Figure 7 was not required. It was not visible there was an abrupt cutoff at the distal aspect in Figure 8 and it was already described in Figure 9. Therefore, I suggest deleting this description in Figure 8.
5. Figure 14B was not required and GIST tumor resected with a small bowel segment only needs to be described in the treatment section.
6. It is recommended to describe specific mitotic figures in Figure 15B, such as two or more mitoses per 50 high-power fields? So that readers can know the specific risk of small bowel GIST.
7. If possible, it's recommended to describe the patient's follow-up results (imageological examination indicates whether there is recurrence or metastasis?) and subsequent treatment options (chemoradiotherapy for ampullary adenocarcinoma and imatinib for small bowel GIST?).
8. The authors describe

adenocarcinoma of the ampulla of Vater and gastrointestinal stromal tumor (GIST) were two metachronous malignancies. According to the literature, multiple primary malignancies (two or more primary tumors) are classified as metachronous (more than 6 months apart). Please check it out. 9. The content is too simple and the description is not thorough enough in the discussion section. Coexistence of GIST with ampullary adenocarcinoma is extremely rare and the authors reviewed the literature on GIST occurring with other primary malignancy. In addition, it would be worth adding the literature of ampullary malignancy and small bowel GIST. Despite laparoscopic/Robotic dissection of the tumor is not recommended because of the risk of tumor rupture. However, laparoscopic exploration is useful in defining the location of the tumor and for choosing the best incision. Please discuss the role of the laparoscopy in the treatment of this condition.

#### **Answers:**

- (1) Yes, I agree with you. We revised the manuscript accordingly.**
- (2) Tumor was 150 cm from ileocecal valve. Sorry, it is ileal GIST. It was ileo-ileal anastomosis was done. We revised manuscript accordingly.**
- (3) Updated as suggested.**
- (4) Figure-7 deleted.**
- (5) Figure 14 B has been deleted.**
- (6) Specific mitotic figures have been described.**

**(7) Manuscript has been revised with follow up imaging studies and current adjuvant chemotherapy.**

**(8) Yes, updated as Synchronous tumor**

**(9) Content has been elaborated and discussed about laparoscopic/robotic management options as recommended by you.**

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**Peer-review model:** Single blind

**Reviewer's code:** 06239422

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Surgeon

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-07-11

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-07-12 08:37

**Reviewer performed review:** 2022-07-25 15:03

**Review time:** 13 Days and 6 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input checked="" type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection

<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	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**

It is incorrect to claim the coexistence of three tumours, since the patient was diagnosed with two tumours: adenocarcinoma of the ampulla of Vater (arising from high-grade tubulo-villous adenoma) and small bowel GIST. This report may be the first to describe the coexistence of the above two cancers; however GISTs are known to be diagnosed incidentally, and may be diagnosed in patients with other cancers. Therefore, I do not believe that the new findings of this report are significant or worthy of publication. Some sections (abstract and core tips) largely exceed the maximum word limit permitted.

### **Answer:**

**We revised our manuscript as two rare primary synchronous tumors which presented as exceedingly a rare combination.**

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**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05848410

**Position:** Peer Reviewer

**Academic degree:** Doctor, MMed, PhD

**Professional title:** Chief Doctor, Chief Physician, Dean, Doctor, Professor, Surgeon

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-07-11

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-08-05 02:07

**Reviewer performed review:** 2022-08-08 04:59

**Review time:** 3 Days and 2 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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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<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

This manuscript reports a case of jugular adenocarcinoma of TVAOA combined with jejunal GIST, a relatively rare case of this type, and the authors have completely reviewed the treatment of this patient; the manuscript is of good quality and can be a guide for the treatment of this type of case, but there is no information on the follow-up of the patient, which is defective, as well as the diagnosis and treatment of the patient's jugular adenocarcinoma and the follow-up data of the patient's GIST, and further revision is recommended.

## Answer:

**We revised the manuscript with the diagnosis, treatment and follow up of the patient as recommended.**