

Review Form 1.6

Journal Name:	Journal of Advances in Medicine and Medical Research
Manuscript Number:	Ms_JAMMR_89077
Title of the Manuscript:	An Unusual Appearance of Cystic Gastro Intestinal Stromal Tumor of Small Intestine- A Case Report and Brief Review of Literature
Type of the Article	Case report

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<https://www.journaljammr.com/index.php/JAMMR/editorial-policy>)

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<p>GISTs became a distinct entity after the discovery of <i>KIT</i> (CD11) in 1998. GISTs originate from the intestinal pace-maker cells of Cajal, therefore are usually confined to the submucosa and muscularis propria. It affects both sexes equally and 80% occur in persons over 50 years. They arise as a result of oncogenic mutation in the <i>KIT</i> tyrosine kinase. Most (75–80%) GISTs have <i>KIT</i> mutations, typically affecting the juxtamembrane domain encoded by exon-11. These tumours account for 1% of all intestinal neoplasms, the age-adjusted incidence in Europe and the USA is 7 cases per million. Independent adverse prognostic factors are large tumours, high mitotic count, non-gastric location, rupture and male gender. GISTs can arise anywhere in the GI tract, but most commonly in the stomach and small intestine. About 60% of patients are cured by surgery. After complete excision, it may recur within 5 years in approximately 50% of patients. Imatinib is recommended for patients with substantial risk of recurrence. References should be enriched.</p> <p>Hamza AM, Ayyash EH, Alzafiri R, <i>et al</i> Gastrointestinal stromal tumour masquerading as a cyst in the lesser sac <i>Case Reports</i> 2016;2016:bcr2016215479.</p> <p>Shivakumar Vignesh et al Gastrointestinal Stromal Tumor Mimicking a Pancreatic Cystic Lesion: A Case Report. JOP. J Pancreas (Online) 2019 May 30; 20(3):98-100.</p> <p>Lauren M Turner, Phillip Jeans, Stephen Robson, A pedunculated small bowel gastrointestinal stromal tumour (GIST) masquerading as an ovarian tumour, <i>Journal of Surgical Case Reports</i>, Volume 2021, Issue 12, December 2021, rjab514, https://doi.org/10.1093/jscr/rjab514.</p> <p>Alexandra Kalogeraki, Dimitrios Tamiolakis, Michael Papadakis, Eleni Moustou, Galateia Datseri, Maria Tzardi. Abdominal primary extra-gastrointestinal stromal tumor (E-GIST). A cytologic diagnosis in ascitic fluid. <i>Rev Esp Enferm Dig</i> . 2015 Jul;107(8):516-8.</p>	New reference is added. Marked in yellow.
Minor REVISION comments	<p>GISTs became a distinct entity after the discovery of <i>KIT</i> (CD11) in 1998. GISTs originate from the intestinal pace-maker cells of Cajal, therefore are usually confined to the submucosa and muscularis propria. It affects both sexes equally and 80% occur in persons over 50 years. They arise as a result of oncogenic mutation in the <i>KIT</i> tyrosine kinase. Most (75–80%) GISTs have <i>KIT</i> mutations, typically affecting the juxtamembrane domain encoded by exon-11. These tumours account for 1% of all intestinal neoplasms, the age-adjusted incidence in Europe and the USA is 7 cases per million. Independent adverse prognostic factors are large tumours, high mitotic count, non-gastric location, rupture and male gender. GISTs can arise anywhere in the GI tract, but most commonly in the stomach and small intestine. About 60% of patients are cured by surgery. After complete excision, it may recur within 5 years in approximately 50% of patients. Imatinib is recommended for patients with substantial risk of recurrence. References should be enriched.</p> <p>Hamza AM, Ayyash EH, Alzafiri R, <i>et al</i> Gastrointestinal stromal tumour masquerading as a cyst in the lesser sac <i>Case Reports</i> 2016;2016:bcr2016215479.</p> <p>Shivakumar Vignesh et al Gastrointestinal Stromal Tumor Mimicking a Pancreatic Cystic Lesion: A Case Report. JOP. J Pancreas (Online) 2019 May 30; 20(3):98-100.</p>	

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	<p>Lauren M Turner, Phillip Jeans, Stephen Robson, A pedunculated small bowel gastrointestinal stromal tumour (GIST) masquerading as an ovarian tumour, <i>Journal of Surgical Case Reports</i>, Volume 2021, Issue 12, December 2021, rjab514, https://doi.org/10.1093/jscr/rjab514.</p> <p>Alexandra Kalogeraki, Dimitrios Tamiolakis, Michael Papadakis, Eleni Moustou, Galateia Datseri, Maria Tzardi. Abdominal primary extra-gastrointestinal stromal tumor (E-GIST). A cytologic diagnosis in ascitic fluid. <i>Rev Esp Enferm Dig</i></p> <p>. 2015 Jul;107(8):516-8.</p>	
Optional/General comments	<p>GISTs became a distinct entity after the discovery of <i>KIT</i> (CD11) in 1998. GISTs originate from the intestinal pace-maker cells of Cajal, therefore are usually confined to the submucosa and muscularis propria. It affects both sexes equally and 80% occur in persons over 50 years. They arise as a result of oncogenic mutation in the <i>KIT</i> tyrosine kinase. Most (75–80%) GISTs have <i>KIT</i> mutations, typically affecting the juxtamembrane domain encoded by exon-11. These tumours account for 1% of all intestinal neoplasms, the age-adjusted incidence in Europe and the USA is 7 cases per million. Independent adverse prognostic factors are large tumours, high mitotic count, non-gastric location, rupture and male gender. GISTs can arise anywhere in the GI tract, but most commonly in the stomach and small intestine. About 60% of patients are cured by surgery. After complete excision, it may recur within 5 years in approximately 50% of patients. Imatinib is recommended for patients with substantial risk of recurrence.</p> <p>References should be enriched.</p> <p>Hamza AM, Ayyash EH, Alzafiri R, <i>et al</i> Gastrointestinal stromal tumour masquerading as a cyst in the lesser sac <i>Case Reports</i> 2016;2016:bcr2016215479.</p> <p>Shivakumar Vignesh et al Gastrointestinal Stromal Tumor Mimicking a Pancreatic Cystic Lesion: A Case Report. <i>JOP. J Pancreas (Online)</i> 2019 May 30; 20(3):98-100.</p> <p>Lauren M Turner, Phillip Jeans, Stephen Robson, A pedunculated small bowel gastrointestinal stromal tumour (GIST) masquerading as an ovarian tumour, <i>Journal of Surgical Case Reports</i>, Volume 2021, Issue 12, December 2021, rjab514, https://doi.org/10.1093/jscr/rjab514.</p> <p>Alexandra Kalogeraki, Dimitrios Tamiolakis, Michael Papadakis, Eleni Moustou, Galateia Datseri, Maria Tzardi. Abdominal primary extra-gastrointestinal stromal tumor (E-GIST). A cytologic diagnosis in ascitic fluid. <i>Rev Esp Enferm Dig</i></p> <p>. 2015 Jul;107(8):516-8.</p>	

PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	<u>(If yes, Kindly please write down the ethical issues here in details)</u>	