

Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	Ms_JCTI_84124
Title of the Manuscript:	A Huge Liposarcoma: Case Study
Type of the Article	Case study

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.journaljcti.com/index.php/JCTI/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>1. Most problematic points of this manuscript would be that there is no distinct histopathological features of this huge tumor. No photomicrographs of this tumor were not included. Therefore, the main diagnostic point is unclear in this manuscript.</p> <p>1) The authors described as “the liposarcoma was found to be dedifferentiated, high grade, and retroperitoneal”. The meaning of this sentence is unclear. This means “ The removed tumor arose in the retroperitoneum, and showed features of “dedifferentiated liposarcoma including high grade sarcoma components”? Why the diagnosis “dedifferentiated liposarcoma” was made, rather than “pleomorphic liposarcoma”? Also in “Discussion”, the authors described “Usually, de-differentiated liposarcoma occurs as an outgrowth of well-differentiated liposarcomas” (Discussion, page 12, lines 11-12). In this case, the tumor showed what histology?</p> <p>2) The authors abruptly described “The de-differentiated component was solid, with no further specific histological subtype and no heterologous components” (page 6, lines 5-6). Practically, such “de-differentiated component” showed what histology? Why the authors made assessment of “Dedifferentiation”?</p> <p>3) Table 3 summarized immunohistochemical findings. However, uncertain positivity was included. For example, MDM2 was positive for what cells? Nuclear positivity? Or Cytoplasmic positivity? The authors should assess these results in “Discussion”. In addition, non-specific positivity for MDM2 is frequently found in other soft tissue tumor. Therefore, only positivity for MDM2 would not be specific for liposarcoma. Immunohistochemical examination for CDK4 was not performed?</p> <p>2. The authors should describe what new information was elucidated from the unusual authors' experience of this huge retroperitoneal tumor.</p> <p>3. The hugeness of liposarcoma contribute to the patients' prognosis? The therapeutic approach or additional therapy of dedifferentiated liposarcoma are different from those of well differentiated liposarcoma and other type sarcoma arising in the retroperitoneum?</p>	
Minor REVISION comments	<p>1. The authors described as “This case presented an example of a huge liposarcoma detected in the retroperitoneum. It was also high grade and aggressive”. Why? This “aggressive” was from what findings?</p> <p>2. The authors noted p16 positivity for tumor cells (Table 3). The authors' comments regarding this positivity are recommended.</p> <p>3. Abrupt, unexplained abbreviations were present in this manuscript: such as DOG1, CKAE/AE3 (AE1/AE3?), SMA, S100... These immunohistochemical findings should be described in the text, not only in Table. Table number should be also included in the text.</p> <p>4. Consequently, no recurrence or metastases occur in five months later the surgery? This manuscript did not clearly describe the clinical course of the patient.</p> <p>5. “Discussion” seems to be scarce. The authors consider what additional treatment plan or follow-up plan of this patient? What duration of imaging examination is planned thereafter? What evidence is present on this follow-up or treatment plan? These points are recommended in “Discussion”.</p> <p>6. The authors described “Most of the giant liposarcomas reported in literature belong to the de-differentiated group of liposarcomas”. Practically, the authors indicated what size of these “giant” liposarcomas? Retroperitoneal liposarcomas are commonly larger than 10 cm. The term “huge” and “giant” are used in this</p>	

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	manuscript. Practical measuring size should be described.	
Optional/General comments	1. This manuscript is lengthy, and is not suitable for publication as scientific article. The length of case presentation is too long, and is only “copy and paste” of reports of imaging and reports of pathology. “Figure legends” were not used in this manuscript, and Table number and Figure number were not referred in the text. 2. This manuscript should be edited by native English scientists.	

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?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

Reviewer Details:

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