Reviewer's report

Title: Penile metastasis from primary cholangiocarcinoma: the first case report

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Reviewer: Alcides Chaux

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In this study authors report the clinicopathologic and immunohistochemical features of a cholangiocarcinoma metastatic to the penis. According to the authors' review this is the first case of such instance. Recommendations for improving the manuscript are provided below.

MAJOR COMPULSORY REVISIONS
- Keep in mind that case reports submitted to the journal should make a contribution to medical knowledge and must have educational value or highlight the need for a change in clinical practice or diagnostic/prognostic approaches. In this regard, please expand the Discussion to include how the case was handled until the final diagnosis was reached, including all the steps taken for ruling out other more common malignancies that might have similar clinical and pathologic features. For example, considering gender and age, prostatic and bladder carcinomas, which may have glandular features as well and are more common as penile secondary tumors, should also be taken into account. Instead of plainly stating that this is the first case report of a cholangiocarcinoma metastatic to the penis (which indeed is interesting but has limited value per se), please discuss the finding in the context of other penile secondary tumors. Considering the rarity of such clinical scenario other diagnosis must be discussed to offer the readers a broader perspective of the clinical situation. Keep the focus on the case and build the Discussion around it.

MINOR ESSENTIAL REVISIONS
- Figures are of great quality. Nevertheless, I don’t think showing the primary tumor (Figure 3A and B) is necessary, considering that the diagnosis of the primary lesion is not under discussion. I also feel that Figure 3C is at too low power to be of any help. Please consider keeping only Figure 3D and create a panel of immunohistochemical stains showing the same microscopic field. Also, for the same reason, please consider dropping Figures 4A to F and showing only the immunohistochemical findings of the secondary lesion. As mentioned before, it would be more impressive if H&E and immunohistochemistry show the same microscopic field.

DISCRETIONARY REVISIONS
- Please follow the author guidelines regarding reference style.

Level of interest: An article whose findings are important to those with closely
related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.