Reviewer's report

Title: Concurrence of villous adenoma and non-muscle invasive bladder cancer arising in the bladder: a case report

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Reviewer: Charles Rosser

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In this interesting article by Kato et al. entitled Concurrence of villous adenoma and non-muscle invasive bladder cancer arising in the bladder: a case report. The group reports a case report of a 85 yo female who presented with hematuria and was found to have both an adenoma and NMBC. Based on pre-histologic examination the authors could not differentiate the adenoma, which typically has a benign behavior to a potentially lethal urothelial carcinoma. The authors briefly describe previous case reports. Thus this manuscript describes a benign, yet rare tumor in their patient. Overall the manuscript is organized well. Further editing would be extremely helpful. Below is a point-by-point critique of the manuscript.

TITLE: Perhaps change to Concurrent villous adenoma and non-muscle invasive bladder cancer: a case report and review of the literature.

ABSTRACT: Could be re-organized and reworded to help the reader. Conclusions should state...’To the best of our knowledge.... Premalignant villous adenoma of the bladder is extremely rare and difficult to diagnose without histologic examination. Any suspicious lesion of the bladder should be biopsied and/or resected to confirm histology.’) Remove citations from abstract. Start citation #1 in main text not abstract.

INTRODUCTION: Can reorganize. Perhaps give a paragraph about villous adenoma in the colon. Who gets it (Sex, race, age), risk factors. Presentation. How treated. Outcomes. Then transition that this has been seen in bladders. Next paragraph brief describe some of the case reports describing villous adenoma in bladders.

CASE PRESENTATION:
Reorganize...Informed consent and institutional review board above obtained. An 85 year old with no significant past medical history, including colon cancer, etc, etc. presented with painless gross hematuria? Did patient have history of UTI, stones, or hematuria? Urinalysis showed microscopic or gross hematuria? Any WBC? Bacteria? If not state only blood. Was urinary cytology performed or any other urine-based biomarker? Then imaging was performed with US and MRI? Why MRI? Is this standard in Japan? Was contrast used? Any abnormalities of the upper tracts or of the colon? Then patient had cysto with resection. Then specimen was analyzed by H&E and IHC. (This is good.) Since this is a rare
entity can another pathologist from another institute confirm? Here in the US we can send to AFIP to confirm. Was immediate post-op chemotherapy instilled into the bladder? Is this not standard of care in Japan? Bladder tumor recurred very soon after the TUR. Can you report (even in text only) the results. H&E was more like the TCC and not villous, correct? And the IHC? So if I am correct, follow-up is quite short to date. Maybe 3 months? To wait for slightly longer follow-up, i.e., 12 or even 24 months would be better to at least ensure the villous does not recur rapidly.

DISCUSSION:
Mild anemia is not relevant and could be deleted from case presentation and discussion. Table 1 describe some previous case reports. Here is an opportunity to demonstrate to the reader the ‘typical’ patient with villous alone or concurrent TCC or adenocarcinoma. So for each case report what was the sex, age, race, etc. of the patients. Most common presenting symptom(s) and sign(s). Anything unique on histologic examination? Outcomes? So information should be in Tale and in text of discussion.

Authors report how colonic tissue may be incorporated into the bladder by describing embryology. This is good but would one no expect to see this tumor earlier instead of when the patient is 85 years of age?

Could this villous adenoma not be PUNLMP? Perhaps compare and contrast.

Remove references [1,2] from next the last sentence on page 8.

CONCLUSIONS:
Good to stress distinction cannot be made of this rather benign lesion without histologic examination and that any suspicious lesion should be biopsied.

REFERENCES:
No issues

TABLE 1:
See discussion above.

FIGURE 1 and FIGURE 2:
Could be combined.

**Level of interest:** An article of limited interest

**Quality of written English:** Not suitable for publication unless extensively edited

**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.