Reviewer's report

**Title:** Histologic continuity in pulmonary mucinous cystic neoplasia: in support of the adenoma-carcinoma sequence.

**Version:** 5  **Date:** 8 March 2008

**Reviewer:** Keith M Kerr

I am familiar with the literature and believe that this case meets one of the 9 criteria for evaluation in the journal: Other

If other, please specify:

Documentation of a very rare lesion

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

**Comments to authors:**

This is a report of a rare pulmonary cystic mucinous tumour showing 'borderline' malignant features. Although previously reported, these are extremely rare lesions and the comment regarding sampling of the lesion is well made.

Working on the assumption that these are slowly growing lesions (?), it seems odd that this lesion should 'appear' in such a short time, if the patient was really having annual chest x-ray examination.

Page 8.....B-RAS.....is this correct?

I am not sure that the details of the Kurman classification of ovarian neoplasms is really needed in such detail in this report.

pg 8, para2, line 10.....'consists of' or 'comprises'.....
I agree that CK20 expression is unusual in usual-type pulmonary adenocarcinomas but it is not unusual in pulmonary mucinous lesions.

Figs 1....OK
Fig2.....OK
Fig 3....problems. A and B are the same image. Image C is less than convincing and it could be that the TTF1 positivity is actually present in adjacent type 2 pneumocytes. I am not convinced that it is demonstrated in tumour cells in this image.

The case is, in of itself, rare and therefore of interest. I am not sure how much further it takes us and care should be used in describing this as an example of the adenoma carcinoma sequence in the lung. This terminology usually applies to the AAH-BAC-invasive adenocarcinoma progression. We do not have any real follow up data on this case to determine whether or not this was a 'malignant' case.

What next?: Revise and resubmit

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