Reviewer’s report

Title: Clinicopathologic and endoscopic features of early-stage colorectal serrated adenocarcinoma

Version: 0 Date: 28 Jul 2017

Reviewer: Oscar W. Cummings

Reviewer's report:

The authors reviewed their experience with early stage serrated adenocarcinomas of the colorectum. This is a relatively recently recognized, poorly characterized subcategory of colon cancer that is associated with a non-APC primary pathway of molecular carcinogenesis. They had 15 cases of putative T1 carcinomas. They correlated histomorphology with clinical parameters and suggest that these tumors are more aggressive than conventional colorectal adenocarcinoma. The paper is very well written and would be of interest to surgical pathologists and gastroenterologists.

Comments

1. Materials and methods section needs to be expanded. Please add the initials of the reviewing pathologists. The paragraph states that the criteria of the WHO fascicle were employed for the diagnosis of serrated adenocarcinoma. However, the WHO fascicle does not provide any diagnostic criteria; it only describes some features that have been attributed to this condition. It should be clear how these cancers were distinguished from other similar carcinomas including mucinous carcinoma and medullary carcinoma. Some of the histologic features associated with serrated adenocarcinoma are elaborated in the following sentence and a reference should be added to support these statements. Table 7 also elaborates a number of histologic criteria that are not spelled out in the materials and methods including: SM invasion depth measurements, tumor budding, and scoring for vascular invasion. At a minimum, references should be given for each of these assessments.

2. The terminology in the paper is somewhat confusing. Table 6 lists "serrated morphology" as a category that was not present in all cases. Table 7 lists "serrated morphology" and "serrated component". I think one category refers to the presence or absence of a classic serrated polyp (TSA, SSA/P or HP) associated with the carcinoma and the other category refers to serrated carcinoma features such trabecular growth or lack of tumor necrosis, but I'm not entirely sure. Obviously each lesion must have one or both of these features to be included in the study. It would help to clarify these points in the legend or the results sections.
3. I am aware there are differences in histologic interpretation between pathologists from different countries. I can only use my frame of reference for interpreting the images submitted in the manuscript. I mean no offense by the following comments. Figure 1 shows a serrated adenoma/polyp. The quality of the image available to me is not optimal but at most it appears to show low grade cytologic dysplasia in an SSA/P, not in situ adenocarcinoma. Figure 2 is likewise less than optimal. I cannot see cytologic details of the mucosal lesion. The mucosal lesion appears to push into the submucosa recapitulating an inverted growth pattern. There is no stromal reaction in the submucosa and therefore no submucosal invasion. See your reference 18 for examples of lesions I would consider T1 adenocarcinomas. That being said, it is difficult to interpret the significance of the information put forth in this report.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

No

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

No

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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Please indicate the quality of language in the manuscript:

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