Reviewer’s report

Title: Metatarsal metastasis from clear cell renal cell carcinoma: a case report and literature review.

Version: 0 Date: 24 Oct 2019

Reviewer: Amanda Hird

Reviewer's report:

Summary: Wu et al. discuss a case of an unrecognized solitary bone metastasis to the right first metatarsal in a patient with previously resected renal cell carcinoma. The patient presented with isolated foot pain following a minor trauma, which was not investigated with imaging until the soft tissue swelling and pain became quite severe. Although acrometastasis is extremely rare, this case highlights the need for vigilance when assessing patients with persistent MSK pain in the context of a previous malignant diagnosis.

Strengths:

– The message is of importance.
– The Figures provided are excellent.
– The Tables present an interesting summary of the offending primary cancer sites and the most common sites of metastasis within the foot.
– Patient consent was obtained.

Minor comments:

– Abstract: The only imaging modality discussed in the abstract is MRI, which is misleading as the body of the report states the patient was initially investigated with xray as well as CT. Perhaps change the abstract to say the patient underwent radiological investigation.
– Case presentation, paragraph 1: what is plaster therapy?
– Case presentation, paragraph 2: can you please provide a more detailed radiographic description of the initial renal tumor (for example, solitary tumor, exact dimensions, enhancement, necrosis?). We can infer some of these characteristics based on the TNM stage and image, but it would be helpful to also have this in writing for the reader.
Case presentation: Based on the TMN staging, the disease was non-metastatic at the time of radical nephrectomy, but can you state that in words for the reader?

Case presentation: can you add the histology of the initial kidney tumor? Presumably clear cell RCC?

Case presentation: you state the patient received immunotherapy after his radical nephrectomy, but this is not standard of care for a T2N0M0 tumor. This leads me to believe there may be some details of the case missing. Can you clarify?

Case presentation: was this metastasis the only one identified? Presumably this was an isolated metastasis since the patient went on to receive a foot amputation.

Case presentation, last sentence: the patient has had no further local recurrence, but what about distant?

Discussion: can you add a paragraph describing the potential treatment strategies. In this case, were other treatment options considered? What about radiotherapy or SBRT?

Major comments:

This article requires thorough review and revision by a native English speaker before it can be accepted for publication.

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