Author’s response to reviews

Title: Malignant Peripheral Nerve Sheath Tumour of transverse colon with peritoneal metastasis: A rare case report

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Author’s response to reviews:

Reviewer #1: 1. Do you believe the case report is authentic?

Yes, the case report is 100% authentic.

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript:

Written informed consent was obtained from the patient for the publication of this case report and any accompanying images.

3. Does the Introduction explain the relevance of the case to the medical literature?

Yes, the introduction explain the relevance of the case to the medical literature, mentioning about its origin, rarity and diagnostic approach.
4. Does the article report the following information? Where information is missing, please specify.

a. The relevant patient information, including:

    - De-identified demographic information (age, gender, ethnicity): Mentioned
    - Main symptoms of the patient: Mentioned
    - Medical, family and psychosocial history: Mentioned
    - Relevant past interventions and their outcomes: Mentioned

b. The relevant physical examination findings: Mentioned

c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.: Mentioned

d. Diagnostic assessments, including:

    - Diagnostic methods: Mentioned
    - Challenges (e.g., financial, language/cultural): There were no financial challenges, since all the services were provided free of cost, as it was a public sector hospital. There were no language challenges as both the patient and the doctors spoke the same language.
    - Reasoning and prognostic characteristics (e.g., staging), where applicable: Mentioned

e. Types and mechanism of intervention: Mentioned (both diagnostic and therapeutic)

f. A summary of the clinical course of all follow-up visits: Mentioned
Comments: TREATMENT PLAN AND FOLLOW UP COULD BE MORE ELABORATE:

Postoperatively, the patient was discharged and advised to review with medical and radiation oncologists. He came back for the reversal of the stoma and restoration of bowel continuity. Postoperative CECT of the abdomen did not show any evidence of residual or recurrent tumour. Further, he was operated for dismantling of the colostomy fistula, resection of 5 cm of the colon confirmed (by frozen section) to have margins negative for tumour and colocolic anastomosis. The postoperative recovery was uneventful. The final histopathology confirmed the absence of any residual disease, thus eliminating the need for adjuvant therapy.

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?

Comments: Yes, the interpretation is well balanced and supported by the case presented. It talks about the rarity, origin, sites, age, clinical features, diagnosis, treatment and prognosis of such cases, and discusses them with reference to the present case.

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Yes, the anonymity of the patient is protected.

7. Is the Abstract representative of the case presented?

Comments: Yes, the abstract is representative of the case presented, mentioning about its origin, clinical presentation, rarity and diagnostic approach.

8. Does the case represent a useful contribution to the medical literature?

Comments: YES, the case represent a useful contribution to the medical literature.
9. Additional comments for the author(s)?

Your case of MPNST is very interesting and surgically challenging case. diagnosis of the case was very well described.

For our readers, it would be helpful to add more information on the surgical treatment, post op recovery and follow up of the case.

Typically these cases will also receive chemotherapy.

In its present form, this is a very well written case report, additional information on the management and follow up would make it better:

Postoperatively, the patient was discharged and advised to review with medical and radiation oncologists. He came back for the reversal of the stoma and restoration of bowel continuity. Postoperative CECT of the abdomen did not show any evidence of residual or recurrent tumour. Further, he was operated for dismantling of the colostomy fistula, resection of 5 cm of the colon confirmed (by frozen section) to have margins negative for tumour and colocolic anastomosis. The postoperative recovery was uneventful. The final histopathology confirmed the absence of any residual disease, thus eliminating the need for adjuvant therapy.

The role of adjuvant radiotherapy and chemotherapy is controversial. Most studies could not prove improvement in survival with adjuvant radiotherapy, although a few suggest that there is a trend towards statistical significance. Adjuvant radiotherapy is recommended when clear surgical resection margins are not possible. Only few studies have probed the role of chemotherapy for treatment of MPNSTs. However, a recent meta-analysis of the pooled data of 12 trials examining the efficacy of first-line chemotherapy in the treatment of MPNSTs reported promising results with the combination of doxorubicin and ifosfamide.

Reviewer #2: 1. Do you believe the case report is authentic?

Yes, the case report is 100% authentic.

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.
Comments: Written informed consent was obtained from the patient for the publication of this case report and any accompanying images.

3. Does the Introduction explain the relevance of the case to the medical literature?

Yes, the introduction explain the relevance of the case to the medical literature, mentioning about its origin, rarity and diagnostic approach.

4. Does the article report the following information? Where information is missing, please specify.

a. The relevant patient information, including:
   - De-identified demographic information (age, gender, ethnicity): Mentioned
   - Main symptoms of the patient: Mentioned
   - Medical, family and psychosocial history: Mentioned
   - Relevant past interventions and their outcomes: Mentioned

b. The relevant physical examination findings: Mentioned

c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.: Mentioned

d. Diagnostic assessments, including:
- Diagnostic methods: Mentioned

- Challenges (e.g., financial, language/cultural): There were no financial challenges, since all the services were provided free of cost, as it was a public sector hospital. There were no language challenges as both the patient and the doctors spoke the same language. The patient was willing for diagnosis and treatment.

- Reasoning and prognostic characteristics (e.g., staging), where applicable: Mentioned

e. Types and mechanism of intervention: Mentioned

f. A summary of the clinical course of all follow-up visits: Mentioned

Comments:

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?

Yes, the interpretation is well balanced and supported by the case presented. It talks about the rarity, origin, sites, age, clinical features, diagnosis, treatment and prognosis of such cases, and discusses them with reference to the present case.

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7. Is the Abstract representative of the case presented?
Yes, the abstract is representative of the case presented, mentioning about its origin, clinical presentation, rarity and diagnostic approach.

8. Does the case represent a useful contribution to the medical literature?
Yes, the case represents a useful contribution to the medical literature.

9. Additional comments for the author(s)
Please issue the following clarifications

The case report mentions that the CT abdomen was suggestive of GIST, point out the utility of mentioning the same in the abstract itself:

This has been mentioned in the abstract to highlight the importance of histopathology in such cases, as on radiology, they may mimic GIST. Hence, histopathology and immunohistochemistry are must in such cases to prove the final diagnosis.

Elaborate on the significance of peritoneal metastatic deposit: Peritoneal metastatic deposit signifies advanced stage tumour, with higher stage of the neoplasm and poorer prognosis of the patient. This is probably the first case report of MPNST in transverse colon associated with peritoneal metastasis, without antecedent NF or parasitic infection.

The conclusion gives the impression that the article discusses MPNET s of the colon only whereas the body of the article talks about MPNST s at other sites too: That is because the case report is primarily that of MPNST colon. In the body of the article, the common sites of occurrence of MPNST have been mentioned, when starting discussion about this tumour, to point out the rarity of this case. Also, when discussing prognosis, soft tissue MPNST has been mentioned, since little is known about intestinal MPNST presently, which is thought to have an even more adverse prognosis than its soft tissue analogue.
The statement pertaining to the S100 status of GANT needs to be clarified further: GANT is usually negative for S-100. In the few cases where it shows S100 positivity, it is uniformly positive. In our case, S100 positivity was patchy, which is characteristic of MPNST.

Gross sections need to be labelled

H and E sections need to be labelled: All the gross and microscopy sections have been described in detail in the legends. The image files have been saved as the figure number and subdivisions have been labelled as a, b, c, d, etc. The IHC figure has been labelled as S-100.

Mention why other spindle cell tumours of the GIT have not been discussed.: Other spindle cell tumours of GIT include inflammatory fibroid polyps, fibromatoses, inflammatory myofibroblastic tumor, desmoid tumor, which are benign and usually present in omentum or retroperitoneum, unlike the present case, which was malignant, and arising from colon. Melanoma or clear cell sarcoma shows nests of clear looking cells on morphology. Synovial sarcoma is usually biphasic, with monophasic variant showing a predominantly round cell phenotype. So these two tumours, although malignant, did not represent the morphology of the present case.

Mention about the EGFR status of the tumor, reason if not done: IHC for EGFR was positive in the present case.