Reviewer’s report

Title: SURGICAL TREATMENT OF ENDOPERITONEAL METASTASES FROM LUNG CANCER: REPORT OF TWO CASES AND REVIEW OF THE LITERATURE

Version: 0 Date: 17 Mar 2019

Reviewer: Lovenish Bains

Reviewer's report:

1. Do you believe the case report is authentic?

Yes

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: None

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

Yes, however need to put incidence of such cases to show relevance

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)
- Main symptoms of the patient
- Medical, family and psychosocial history
- Relevant past interventions and their outcomes

b. The relevant physical examination findings
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.

d. Diagnostic assessments, including:

- Diagnostic methods
- Challenges (e.g., financial, language/cultural)
- Reasoning and prognostic characteristics (e.g., staging), where applicable

e. Types and mechanism of intervention

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

Comments: The details of missing information can be found below.

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

Comments: Substantial facts need to put along. Conclusion incoherent to present case and needs revision.

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

7. Is the Abstract representative of the case presented?

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

Comments: Limited relevance

9. Additional comments for the author(s)?

Suggested inputs:

1. Clinical examination of case 1, vital parameters at presentation should be added.

2. Page 4, line 32-33. "Currently, the patient is off of any treatment and disease free"

   The statement needs re-phrasing as disease has been found in abdomen.

3. "Systemic candidiasis" How presented and diagnosed!

4. Page 5, line 2-3. "He is still disease free after the three year follow-up."

   Mention the follow up protocol and imaging studies done to confirm the same.

5. "no gas or stool passing" can be replaced with obstipation.

6. The importance of "early diagnosis of peritoneal spread, with growing awareness on abdominal symptoms" cannot be undermined, hence its prudent to add what abdominal symptoms patients were having or ignoring before landing up in bowel obstruction.

7. Whether any ascites in first case and results of fluid cytology of both cases.

8. One picture of HPE shall be good with certain markers, if any.

9. Conclusion seems to bit incoherent. The message should be in straight words and needs revision.

10. References should be in order of Journal Guidelines. Reference numbers are missing in the manuscript in references heading.

11. We present two cases of lung cancer patients with bowel occlusion from diffused peritoneal metastases from non-small-cell lung carcinoma (NSCLC) who underwent successfully debulking surgery and had a good prognosis and survival."

   In reference to above the median survival of single peritoneal metastasis of lung cancer may be mentioned.
12. I disagree with "little pilot study" as its only 2 cases and treatment offered is standard of care in bowel obstruction.

13. Discussion needs revision and should include:

A. Incidence of peritoneal metastasis in extra abdominal cancers - in order of frequency

B. Incidence of peritoneal metastasis in lung cancers ?? Few are below

   i. Peritoneal metastasis of primary lung carcinoma is considered to be very rare, although it is identified in 2.7-16% of all lung cancer patients. (Abrams HL et al. Metastases in carcinoma; analysis of 1000 autopsied cases.)

   ii. In a study by McNeill et al, peritoneal and small bowel metastases were observed in 46 of 431 patients with primary lung cancer.

   iii. Satoh et al. (Peritoneal carcinomatosis in lung cancer patients. Oncol Rep. 2001) reviewed 1,041 lung cancer patients over a 26-year period and 8 cases (0.77%)

   iv. This study comprised 470 patients with lung cancer. We detected 56 (11.9%) cases with gastrointestinal metastases. (Yoshimoto A. Gastrointestinal metastases from primary lung cancer, Eur J Cancer. 2006)

B. The various presentations of peritoneal metastasis from lung cancer may be added.

C. Survival time in metastatic lung cancer

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**Level of interest**

Please indicate how interesting you found the manuscript:

An article of limited interest

**Quality of written English**

Please indicate the quality of language in the manuscript:

Needs some language corrections before being published
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Please complete a declaration of competing interests, considering the following questions:

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Were you mentored through this peer review?

No