

### Review Form 3

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|--------------------------|--|
| Journal Name:            | <b>Journal of Advances in Medicine and Medical Research</b>  |
| Manuscript Number:       | <b>Ms_JAMMR_120952</b>   |
| Title of the Manuscript: | <b>Multidisciplinary Management of a Rare Gastrocolic Fistula Secondary to Gastric Cancer: A Case Report and Literature Review</b> |
| Type of the Article      | <b>Case report</b>   |

#### **General guidelines for the Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guidelines for the Peer Review process, reviewers are requested to visit this link:

<https://r1-reviewerhub.org/general-editorial-policy/>

#### **Important Policies Regarding Peer Review**

Peer review Comments Approval Policy: <https://r1-reviewerhub.org/peer-review-comments-approval-policy/>

Benefits for Reviewers: <https://r1-reviewerhub.org/benefits-for-reviewers>

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**PART 1: Review Comments**

| <b>Compulsory</b> REVISION comments   | Reviewer's comment  | <b>Author's Feedback</b> <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i> |
|---|---|--|
| Please write a few sentences regarding the importance of this manuscript for the scientific community. Why do you like (or dislike) this manuscript? A minimum of 3-4 sentences may be required for this part.                        | <p>The case by itself is quite rare and needs a documentation in literature for the medical community. However, the authors have done a sub standard job of writing up the report.</p> <ol style="list-style-type: none"> <li>1. The case presentation is too exhaustive and needs to be crisp mentioning the salient points instead of an in dept explanation.</li> <li>2. The introduction part can be cut short to mention the rarity of the case and its presentation. Rest all can be dealt with in discussion.</li> <li>3. The discussion seems like a repetition of the introduction with a few extra points,</li> </ol> |  |
| Is the title of the article suitable? (If not please suggest an alternative title)  | Yes   |  |
| Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.   | <p>The abstract has not been structured appropriately. Irrelevant investigations have been mentioned in the case presentation part and no mention of the condition in general and its management.</p> <p>Its should be re written</p>   |  |
| Are subsections and structure of the manuscript appropriate?  | Yes   |  |
| Please write a few sentences regarding the scientific correctness of this manuscript. Why do you think that this manuscript is scientifically robust and technically sound? A minimum of 3-4 sentences may be required for this part. | <p>There are multiple spelling and grammatical errors in the manuscript and it feels like different sections have been written by different authors. The flow is incoherent and multiple repetitions of the same points found throughout.</p> <p>For eg. The cause of GC fistula being IBD, malignancy etc has been mentioned 4 times in introduction and again in the discussion</p>   |  |
| Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.   | Yes   |  |

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| <p>Minor REVISION comments</p> <p><b>Is the language/English quality of the article suitable for scholarly communications?</b></p> | <p>The English is sub par and needs to be corrected for grammar and spelling.<br/>There is no word as resectioning, its resecting. (introduction)</p>  |  |
| <p><b>Optional/General</b> comments</p>  | <ol style="list-style-type: none"> <li>1. The introduction section should include a brief explanation of the condition and the rarity of the case. All other points can be moved to discussion section.</li> <li>2. The case presentation should be concise and focus on relevant investigations. Avoid mentioning irrelevant investigations such as HIV, HCV etc.</li> <li>3. There is no mention of the liver or renal function tests although the patient has been told to be malnourished and with multiple liver mets. What was the albumin level ?</li> <li>4. Why was a non contrast CT done earlier, if a fistula was suspected or other pathology to be evaluated, a contrast CT should have been done avoiding double radiation exposure.</li> <li>5. The authors mention a distal gastrectomy was done and the biopsy showed a signet cell adenocarcinoma. Was the malignancy of colonic or gastric origin ? Was IHC done ? what was done with respect to the colonic part that was involved and the fistula tract ?</li> <li>6. If gastric origin was suspected, why FOLFOX regimen. That is usually standard for mCRC.</li> <li>7. Could the patient have been managed with covered stent placement in the colon ? The discussion lacks insights on management options</li> </ol> |  |

**PART 2:**

|  | <b>Reviewer's comment</b>   | <b>Author's comment</b> (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here) |
|--|---|--|
| <p><b>Are there ethical issues in this manuscript?</b></p> | <p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p> |  |

**Reviewer Details:**

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|----------------------------------|-----------------------------------|
| Name:                            | <b>Rajat Choudhari</b>            |
| Department, University & Country | <b>SMS Medical College, India</b> |