

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 61115

Title: Sarcoidosis mimicking metastases in an EM -ALK positive NSCLC patient: a case report

Reviewer's code: 03200650

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-12-18 04:47

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Dear editor/author: This study aimed to describe a case of sarcoidosis mimicking metastases in an EML4-ALK positive NSCLC patient, and the co-occurrence of these two diseases is really rare and easily misdiagnosed. The results of this manuscript can help us improve our understanding of the disease, avoid misdiagnoses. So I recommend to you that this manuscript can be accepted after some revision. The following are the questions. (1) how about the activity at the right supraclavicular lymph nodes initially by PET/CT, which proved to be false-positive by pathological diagnosis; (2) We can see an elevated level of angiotension-converting enzyme (ACE) in this patient, during the follow-up period, is there any dynamic change after reexamination? (3) There is a lack of staging of sarcoidosis on a chest radiograph, the indication for steroid regimens and the slow tapering to a maintenance dose. (4) In addition, it's better to add some references and updated.