



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Clinical Oncology

**Manuscript NO:** 54279

**Title:** Concurrent renal cell carcinoma and hematologic malignancies: Nine case reports

**Reviewer’s code:** 05079464

**Position:** Editorial Board

**Academic degree:** DDS, PhD

**Professional title:** Doctor, Professor, Research Scientist, Teacher

**Reviewer’s Country/Territory:** Mexico

**Author’s Country/Territory:** United States

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 Grade E: Do not publish            |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

**SPECIFIC COMMENTS TO AUTHORS**



Comments: Abstract. Page 2, Paragraph 2, Says; CASE SUMMARIES: Four patients were diagnosed; ...a) It is possible, use percent of these cases. b) Please review the paragraph because this part is confuse. Page 2, Paragraph 3, Says; CONCLUSION: Long-term medical surveillance is;... a) In this part of the conclusion, I recommend to author focus properly in the characteristics of these patients, and explain better immune system dysregulation because this is not explained in the abstract. Introduction. Comments: The introduction is interesting when they explain the characteristic of RCC and HM, and the most frequent malignancy presented together with RCC. They explain the immunodysregulation as a principal factor in the RCC and HM. However, they need to explain more the frequency and incidence of these tumors and explain better the immunodysregulation and what type of immunomodulatory effect is present in this type of tumors. Material and Methods: Comments: I suggest in this part delete this paragraph because is similar to the abstract and they don't explain properly material and methods, I suggest use case report or report cases and explain each case and the end of the text use table 1. Results: Case#2: Comments: The case 2 is interesting but I have a question about this case, The metastatic node where of RCC or LND? I don't understand if the patient die by kidney injury why they made a mention about radical nephrectomy, please explain this part. Case #9: Comments: These cases that the authors present are interesting, however, the descriptions are incomplete. In some description of cases the authors focus only in the treatment of the lymphoma, but they do not describe what happened with the kidney diseases. Is it possible that the authors complete the cases? if not, I suggest explaining in material and methods that the description of some cases is not complete due missing data regarding the follow up. Figure 1. All the Photographies of figure 1 belong only one case? Please describe in the photography each case or it is possible use more radiographic imagen of the cases. It's possible that the author provide microscopic images of the cases, will be possible that the authors provide



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the histopathologic studies. Explain better immune system dysregulation What is the reason about the remission of the HM but minor remission of RCC, if it possible explain why some patients have overall survival without treatment that patients whit treatment. Table1. I think this is repetitive with the described cases and the results, thus, I recommend making a table with cases reported in other studies and then compare them with the authors' cases. The discussion is interesting, but I suggest to focus in the immunotherapy. Overall comments The manuscript is interesting due the cases reported, however, the description of the cases is incomplete, and the discussion is weak. I suggest to the authors describe in detail immunologic theories, the possible relation to genetic heritage, to compare their cases with other reported cases and establish, as possible, recommendations about treatment and monitoring, stablish a possible theory or hypothesis about the predilection of masculine gender, and a hypothesis about HM and renal leiomyosarcoma in masculine gender. Final comments This manuscript is interesting and describes and important series of cases, however I think it has several lacks that the authors must review and resolve. Thus, I recommend this manuscript for major changes.