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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 87074

Title: Calcitriol induced hypercalcemia - a rare phenomenon in lung cancer: A case

report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03289068 Position: Peer Reviewer Academic degree: MD

Professional title: Attending Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: United States

Manuscript submission date: 2023-07-26

Reviewer chosen by: Geng-Long Liu (Quit 2023)

Reviewer accepted review: 2023-07-26 11:49

Reviewer performed review: 2023-07-28 22:59

Review time: 2 Days and 11 Hours

	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C:
Scientific quality	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair
this manuscript	[] Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The reported case is rare, but interesting. My main concern is about the patient's follow up: we know that at one month her calcium remained normal, however, how frequently she needed (or is expected to need) zoledronic acid? Was the tumor treated? how was it response to therapy? Moreover: I couldn't find an evaluation of the calcium excretion (24h urine calcium, urine Ca/Cr ratio, etc): is there any? Are there the values for the serum/plasma ionized calcium? Do you have any magnesium measurement? or phosphate? Any of these could have "suggested" the diagnosis, given the suppressed PTH? Is there any analytical problem (ie circadian rythm, preanalitic bias, etc) the reader should know about calcitriol measurement? Why did you choose to treat the patient even if the severe hypercalcemia was asymptomatic (or paucisyntomatic)? Totally agree that biphophonates should be a first line therapy of hypercalcemia. I think most authors/readers could agree on this point (ie: Treatment of Hypercalcemia of Malignancy in Adults: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. 2023;108(3):507) The by Shah et al case (https://doi.org/10.1530/EDM-22-0371) could be included in the introduction. I was



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wondering if a reduced/altered liver metabolism of calcitriol ore 24,25-vitD could partially explain the degree of hypercalcemia Keywords are missing: please add them Units are not SI units, but they are clear enough and should not be changed.



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Reviewer's code: 06125275 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor, Research Assistant Professor

Reviewer's Country/Territory: Algeria

Author's Country/Territory: United States

Manuscript submission date: 2023-07-26

Reviewer chosen by: Geng-Long Liu (Quit 2023)

Reviewer accepted review: 2023-08-23 09:00

Reviewer performed review: 2023-08-23 09:47

Review time: 1 Hour

	[Y] Grade A: Excellent [] Grade B: Very good [] Grade C:
Scientific quality	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of	[Y] Grade A: Excellent [] Grade B: Good [] Grade C: Fair
this manuscript	[] Grade D: No creativity or innovation



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Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Why you dont use immunohistochemistry in the study of the liver core biopsy? In figure we notice in the upper pole of the spleen a well limited lesion with a low density. Is it related to a metastatc spr Spread? Please detail clearly what you mean by "granulomatous disease"? The title of the 13th bibliography reference must be writed in minuscule letters.