

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 87288

**Title:** Pediatric-type follicular lymphoma in a Crohn's disease patient receiving anti- $\alpha 4\beta 7$ -integrin therapy: A case report

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05402173

**Position:** Editorial Board

**Academic degree:** DPhil, PhD

**Professional title:** Associate Professor, Professor

**Reviewer's Country/Territory:** China

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

**Manuscript submission date:** 2023-08-09

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

**Reviewer accepted review:** 2023-08-27 13:41

**Reviewer performed review:** 2023-08-29 13:50

**Review time:** 2 Days

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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Yerigeri and Buhtoiarov described a case of PTFA in Crohn's disease patient treated with Vedolizumab. This report highlights the potential adverse effect of Vedolizumab for its impact on patients' immune system. Below are a few minor suggestions: 1, Discussion, first paragraph, second sentence, "While serious adverse events (AE) were reported in 41% of the Crohn's patients, the benign and malignant neoplasms were noted in 6.8% of treated patients at an incidence rate of 20.8 per 1,000 person-year." Reference needed. 2, Discussion, first paragraph, last sentence, typo: "save" should be "safe". 3, Recently, there has been a case report on an IBD patient treated with Vedolizumab. The authors may relating their observations to the published case report: Gastroenterol Rep (Oxf). 2022 Sep 20;10:goac047. doi: 10.1093/gastro/goac047. A rare case of epiploic appendagitis in a patient affected by ulcerative colitis on vedolizumab therapy

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**Reviewer's code:** 06152612

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** India

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

**Manuscript submission date:** 2023-08-09

**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2023-09-18 00:54

**Reviewer performed review:** 2023-09-27 01:05

**Review time:** 9 Days

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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

#### SPECIFIC COMMENTS TO AUTHORS

Disagree with the strong conclusion based on a single case : Patients receiving anti- $\alpha 4\beta 7$  therapy merit proactive surveillance for non-Hodgkin lymphoma. Could the suppressed T cell function be unrelated to Vedolizumab because typically, Vedo does not have a systemic action Unless Vedo was stopped and function reassessed it would be difficult to blame vedo Ideally the EBV immunostain for the tumour should be reported It is surprising that authors continue vedolizumab and also blame vedo for the immunosuppression