

## PEER-REVIEW REPORT

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

**Manuscript NO:** 33625

**Title:** A Rare Case of Primary Esophageal Diffuse Large B Cell Lymphoma Presenting with Tracheoesophageal Fistula and Review

**Reviewer's code:** 03548820

**Reviewer's country:** Russia

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2017-04-12

**Date reviewed:** 2017-04-16

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

An interesting and important clinical observation, useful for physicians of many specialties. I allowed myself to make some minor corrections (they are highlighted in the text of the article). I hope they will be useful.

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

**Manuscript NO:** 33625

**Title:** A Rare Case of Primary Esophageal Diffuse Large B Cell Lymphoma Presenting with Tracheoesophageal Fistula and Review

**Reviewer's code:** 02573338

**Reviewer's country:** France

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2017-04-12

**Date reviewed:** 2017-04-25

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This is a case report of primary esophageal Diffuse Large B Cell Lymphoma with trachea-eosophageal fistula. The manuscript is well written and illustrations are informative. Major comments: The most important concern is the clinical report by itself: What is the normal LDH value? Which is the distance between dental arch and eosophageal tumor? Which is the result of standard NHL work-up: complete biology, immunoglobulins,  $\beta$ 2-microglobulin, viral serology, bone marrow biopsy, cerebrospinal fluid cytology and biology, etc.? The other important concern is the description of treatment and patient outcome. The discussion and references are informative Minor comments: no abbreviation should be used in the abstract; they should be defined in the body of the manuscript. It is not necessary to give the definition of NHL.

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

**Manuscript NO:** 33625

**Title:** A Rare Case of Primary Esophageal Diffuse Large B Cell Lymphoma Presenting with Tracheoesophageal Fistula and Review

**Reviewer's code:** 00182703

**Reviewer's country:** Romania

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2017-04-12

**Date reviewed:** 2017-05-03

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This case report is very interesting and rare. It is helpful to know if the patient has been immunologically investigated. Has he immune deficits? For the differential diagnosis of DLBCL with a possible Hodgkin's lymphoma, it would have been good to perform an immunohistochemical stain for CD15 (even if Hodgkin or Reed Sternberg cells were not seen, as I suspect). It is regrettable that the authors did not provide information on the further patient evolution under treatment. How was it fed and how evaluated the weight curve? He remains with an immune deficiency throughout the treatment and another 6 months after the completion of rituximab therapy. Have been taken some preventive measures in this regard? I believe the article deserves to be published because it is useful for clinicians.