

PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 39927

Title: Remission status and graft vs host disease impact overall survival post allogeneic hematopoietic stem cell transplantation for acute lymphoblastic leukemia/lymphoma

Reviewer's code: 00504150

Reviewer's country: Canada

Science editor: Fang-Fang Ji

Date sent for review: 2018-05-25

Date reviewed: 2018-05-28

Review time: 3 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I have read with great interest the manuscript entitled, "Remission status and graft vs. host disease impact overall survival post allogeneic hematopoietic stem cell transplantation for acute lymphoblastic leukemia / lymphoma" by Damraj and



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colleagues. There are several points that the authors should address in order to improve the manuscript. 1. I found that there are many factors which are not significant in univariate analysis but become statistically significant in multivariate analysis in table II (CR1 vs other for IR, aGVHD for PFS, B-cell vs T-cell for OS, and CR1 vs other for OS). This is called a suppression effect, and there may be unbalanced sample size, missing data and presence of interaction, etc in this data set. The authors should thoroughly elaborate this issue. 2. Abstract should stand alone. All abbreviations should be spelled out when used first. 3. Introduction section: Lymphoblastic Lymphoma. There is no need for capital Ls. 4. Patient selection subsection: "Data were collected retrospectively from patient's electronic medical records". The authors already state this (2nd sentence, line 2 from top). 5. Treatment protocol and indication for allogeneic HCT subsection: What is "mesa dose"? 6. Statistical analysis section: the authors should not use the future tense.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

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PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 39927

Title: Remission status and graft vs host disease impact overall survival post allogeneic hematopoietic stem cell transplantation for acute lymphoblastic leukemia/lymphoma

Reviewer's code: 00504828

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2018-06-06

Date reviewed: 2018-06-12

Review time: 6 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
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publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This original manuscript shows the result of retrospective cohort study in Saudi Arabia. The main original finding of this cohort study is that relatively younger age than the other large, multi-center trials give lower NRM rate. Interestingly, Philadelphia

chromosomal status did not significantly affect the outcomes possibly because of TKI regimen. This cohort also showed positive effect on OS in cGVHD group. The authors claim that CR1 status was the sole determinant of relapse in this cohort. Major comment 1. Although the conclusion emphasize promising remising and early referral for allogeneic HCT for high-risk young and fit high-risk ALL-LBL patients, 2. Insignificance of Philadelphia chromosomal status (pages 9~10 “Interestingly in our cohort, present of Ph chromosome...likely due to the use of TKI therapy...”). I do want to make sure that the authors tried to mention TKI (tyrosine kinase inhibitor) regimen or this is a typo of TBI. I am asking because I cannot find any description of TKI regimens in the method section – the use of some typical TKI such as imatinib. Please clarify. I guess it may also be very helpful to show the data of Philadelphia chromosome +/- comparison as graphs. 3. Page 10 ‘...cGVHD is a surrogate for such GVL effect.’. I agree with that. Maybe a little more explanation about GVL effect would be great. 4. CR1 is the sole factor determining relapse – does the graph in Figure 1 compare non-relapse versus relapse based on CR1 yes/no? I think it does not. Please clarify. If not, I think it is very important to show the graph comparing the incidence of relapse based on CR1 status. Minor comments 1. I am not sure if the authors stated what aGVHD and cGVHD stand for in the text (I can see in the table). Please check it again. Also please make sure that all abbreviations are spelled out at their first appearance in the text. 2. Labeling in Figure 1 would be too small to read if once the manuscript is published. The authors should make sure to use larger font size. 3. Formatting of reference – very hard to read for reviewers. Also make sure to follow the journal’s guideline (font, etc.).

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PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 39927

Title: Remission status and graft vs host disease impact overall survival post allogeneic hematopoietic stem cell transplantation for acute lymphoblastic leukemia/lymphoma

Reviewer's code: 00503243

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2018-06-06

Date reviewed: 2018-06-18

Review time: 12 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting study on the use of HSC transplantation in Acute Lymphoblastic Leukemia and in Lymphoma. The study is interesting and as the aim to clarify the different results and guidelines between US and Europe. The results are good in term of



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survival and relapse free. The principal limitation is the retrospective nature of the study. As the treatment is very complex, did all patients received the same treatment in the different phases. Additionally, for a better understanding the abbreviation should written in full also in the abstract. Moreover, the use of abbreviations should be limited as possible

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