

Manuscript NO.: 54826

Title: Research progress on malignant lymphoma of the salivary gland

Dear editor:

We are very appreciated for your giving us the opportunity to revise our manuscript. We have made revisions based on your kind suggestions and the reviewers' comments. Changes in the manuscript are **in red text** for your convenience. Below is our point-to-point responses to the reviewers' comments.

Reviewers' comments:

Reviewer #1: This is a review article on malignant lymphoma of the salivary gland. It is written extensively and simply so that non-oncologists can easily understand. It is informative and will give useful information to readers. However, there are some problems that the authors should clarify and revise as mentioned in the comments below.

1. Introduction, page 6, 3rd paragraph, and Table 1 A total of 16 reports are shown in Table 1. Are they all of reports discovered from PubMed or a part of them? Please clarify it. If they are a part, please show the reason why they were selected.

**Response:**

Thank you for your significant proposal. In fact, we researched 944 articles about malignant lymphoma of the salivary gland published in PubMed from 2000 to December 2019 in English. However, a primary salivary gland lymphoma is thought to involve the parenchyma of the salivary gland, rather than being confined to soft tissue or a regional lymph node, and no lymphomatous lesion was detected in other parts of the body before diagnosis. Some of the literatures were excluded because they were not primarily originated from the salivary gland tissue. Among them, 344 articles involved the research on the primary salivary gland lymphoma, including 102 case reports. In addition, the data from articles other than case reports was not concrete concerning the clinical information, so we finally selected 16 case reports which contained relatively detailed data and listed them in the Table 1. According to

the Reviewer's comments, we have made the correction on Page 6, Paragraph 1, Line 3-11 in the revised manuscript.

2. Treatment and prognosis, page 12 As stated in this section, radiation therapy is frequently applied for the treatment of malignant lymphoma. I suggest adding the standard radiation dose used for this disease to the text.

Response:

Thank you for your helpful suggestion. Radiotherapy is often applied for the treatment for indolent NHL of the salivary glands, and the standard dose range is normally between 20 and 30 Gy. 24 Gy is the curative dose for early stages of MALT, which could minimize toxicity. We revised this part on Page12, Paragraph 4, Line 2-5 in the revised manuscript and added two new references, [84] and [85].

## REFERENCES

- 84 **Yahalom J**, Illidge T, Specht L, Hoppe RT, Li YX, Tsang R, Wirth A. Modern radiation therapy for extranodal lymphomas: field and dose guidelines from the International Lymphoma Radiation Oncology Group. *Int J Radiat Oncol Biol Phys* 2015; **92**: 11-13 [PMID: 25863750 DOI: 10.1016/j.ijrobp.2015.01.009]
- 85 **Lowry L**, Smith P, Qian W, Falk S, Benstead K, Illidge T, Linch D, Robinson M, Jack A, Hoskin P. Reduced dose radiotherapy for local control in non-Hodgkin lymphoma: a randomised phase III trial. *Radiother Oncol* 2011; **100**: 86-92 [PMID: 21664710 DOI: 10.1016/j.radonc.2011.05.013]

3. Table 1 There are no items in this table. Please give them.

Thank you for your kindly suggestion. We have added the items in the Table 1 on Page 27.

Special thanks for your good comments.

Reviewer #2: The manuscript by Zhang X., et al. is clear, concise and well described synthesis on the rather peculiar subject of lymphoma of the salivary gland. I have only

a minor suggestion: The title might indicate that “Research Progress” leads to the idea that a major content of this review is in research when it does not describe recent advances either in diagnosis or in therapeutics. As the authors point out in the Introduction I think that the most relevant issue rests on the fact that “complexity of the diagnostic process can lead to a misdiagnosis or a delayed diagnosis” (P3, p3, L3-4). Thus, I think that the title could include something like “relevance on the diagnosis of ...” rather than “Research Progress”.

**Response:**

Thank you for your kindly comment. In our manuscript, we discuss that the complexity of the diagnostic process can lead to a misdiagnosis or a delayed treatment, which deserves the attention of clinicians. In addition, the pathogenic factors, clinical features and presentations, imaging manifestations, histopathology and clinical stages, treatment and prognosis of lymphomas of the salivary gland are also reviewed in detail in this manuscript. So we have an idea, can the title of the manuscript be changed to “Relevance on the diagnosis of malignant lymphoma of the salivary gland” Or “Research on malignant lymphoma of the salivary gland”? We have made the correction as you suggested both on Page 1, Line 4-5 and on Page 3, Line 16-17 in the revised manuscript.

Special thanks for your good comments.

**Other corrections:**

1. Because two new references were added, the original reference 84 to 90 was changed accordingly into 86 to 92 in the text on Page 13, Line 1, 3, 6, 9, 12, 19, 25, and “References” section on Page 25 and 26.
2. We added an author “Min X” in the Reference 20 on Page
3. We changed Manuscript NO: 05038837 into Manuscript NO: 54826 on Page 1, Line 2 in the revised manuscript.
4. According to your requirement for the author' names style, we changed our first names into Xin-Yue Zhang and Zhi-Ming Wang on Page 1, Line 7, 8, 10, 12, 13

and Page 2, Line 1 in the revised manuscript.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. We appreciate for Editors/Reviewers' warm work earnestly, and hope that the corrections would meet your requirements.

Best Regards,

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