

## PEER-REVIEW REPORT

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

**Manuscript NO:** 58086

**Title:** Cancer-related microangiopathic hemolytic anemia (CR-MAHA) in patients with advanced gastric cancer: a retrospective cohort study”

**Reviewer's code:** 03508701

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Chief Doctor, Professor

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

**Author's Country/Territory:** Germany

**Manuscript submission date:** 2020-07-07

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-07-07 11:33

**Reviewer performed review:** 2020-07-16 15:46

**Review time:** 9 Days and 4 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" 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 type="checkbox"/> Accept (General priority) <input checked="" 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



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#### **SPECIFIC COMMENTS TO AUTHORS**

The author reported 8 cases with CR-MAHA which were originated from gastric cancer. The clinical features, treatment and prognosis were described in great detail. the paper was well written and showed a clear conclusion. However due to insufficient patients included, I think title named "case report" much better than "a retrospective cohort study".Secondly, Whether the different plans of first-chemotherapy having different effects on the prognosis of patients was not mentioned, could immunotherapy be an option for such patients with H-MSI generally considering its adverse reactions to clotting? Please add the above to the discussion.

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

**Manuscript NO:** 58086

**Title:** Cancer-related microangiopathic hemolytic anemia (CR-MAHA) in patients with advanced gastric cancer: a retrospective cohort study”

**Reviewer's code:** 02528717

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Academic Research, Doctor, Lecturer, Professor

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

**Author's Country/Territory:** Germany

**Manuscript submission date:** 2020-07-07

**Reviewer chosen by:** Ya-Juan Ma

**Reviewer accepted review:** 2020-08-24 02:28

**Reviewer performed review:** 2020-08-24 03:28

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" 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 type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" 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**

This is a good case series about GC related MAHA. Generally well written and presented paper but some points need to correct 1-The MSI status should be assessed whenever possible, since immunotherapy can lead to long-time tumor control even in CR-MAHA patients: authors can not make a comment with only one case 2-A large retrospective literature review covering the time period between 1979 and 2012 included 168 CR-MAHA patients and identified another 40 patients with gastric cancer, reported mainly as single case reports: what is the reason for 1979-2012 3-Residual survival (RS): what is this, I do not know this terminology as an oncologist and hematologist 4-Results section: some sentences could not be understood: a- Sex distribution was even. b-the tumor was found. 5 patients (62.5%) were tested as HER2 negative, for 3 patients (37.5%), the HER2 status is unknown c-3 patients (37.5%) presented with secondary metastatic disease occurring 0.5, 2 and 10 years d-and the patient relapsing after 0.5 years presented in our emergency department e-pulmonary symptoms (dyspnea) and 5 patients (62.5%) complained about severe 5-In 5 patients (62.5%), bone marrow biopsy was performed, of which 3 showed infiltration by adenocarcinoma: what about the bone marrow findings in 3 cases? 6-At our center, between 2012 and 2020, approximately 4% of patients newly diagnosed with metastatic gastric cancer receiving palliative treatment developed CR-MAHA: This is a very high rate for MAHA. Authors must discuss this high rate of MAHA in their clinic.

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

**Manuscript NO:** 58086

**Title:** Cancer-related microangiopathic hemolytic anemia (CR-MAHA) in patients with advanced gastric cancer: a retrospective cohort study”

**Reviewer's code:** 00001114

**Position:** Editor-in-Chief

**Academic degree:** MD, PhD

**Professional title:** Chief Doctor

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

**Author's Country/Territory:** Germany

**Manuscript submission date:** 2020-07-07

**Reviewer chosen by:** Ya-Juan Ma

**Reviewer accepted review:** 2020-08-24 02:20

**Reviewer performed review:** 2020-08-28 06:35

**Review time:** 4 Days and 4 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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<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**

My comments to Authors: This is a case series study of 8 patients with cancer-related microangiopathic hemolytic anemia (CR-MAHA) in patients with advanced gastric cancer including various clinical course. One of them with MSI-high, who underwent immune checkpoint inhibitor treatment, seems to have a good prognosis, but the others were poor prognosis. Major Comments: Patients and methods: Based on the definition of CR-MAHA: hemolytic anemia with schistocytes with or without thrombocytopenia. This definition can include disseminated intravascular coagulopathy (DIC) due to solid malignant tumors. DIC in patients with advanced gastric cancer is common. I think it is critical to explain it to differentiated CR-MAHA from cancer-related DIC. Patients and methods: The authors should show the judgment for choice for chemotherapy or best supportive care. Does it depend on the physician's or patient's choice or general condition? Results: I recommend that the authors should include more clinical data in Table 1, including initial symptom, and so on. Results. This paper showed 8 cases of CR-MAHA with various backgrounds. There are four years of different ages between the diagnosis of gastric cancer and CR-MAHA. I was wondering if three patients with secondary were recurrent after definitive surgery. The authors should explain the detail of them or add information in Table 1. Results. Antitumor treatment. The authors showed the specific definition of the rapid initial response to chemotherapy. Results. Antitumor treatment. Four patients (50%) showed a rapid initial response. "50%" was incorrect. The authors should revise four patients (67%). I think the authors should analyze except for two patients with best supportive care. Discussion. Please discuss or comment on predictive factors for the initial response for chemotherapy (responder N=4, and non-responder N=2) in patients with CR-MAHA. If there was a different background, please provide a table for the clinical background between the two groups.



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Minor Comments Abstract. Please add "weeks" after 10.3 On Page 3, line 1. Results. Page 8, schistocysts → mistype Table 2. Table 2 included "." or "," in the number. Please unify ".",