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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Oncology*

Manuscript NO: 66187

Title: Celiac disease and malignancies

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03317150
Position: Peer Reviewer
Academic degree: MBChB, MRCP, PhD

Professional title: Doctor, Staff Physician

Reviewer's Country/Territory: Netherlands

Author's Country/Territory: Turkey

Manuscript submission date: 2021-04-09

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-18 08:43

Reviewer performed review: 2021-04-25 11:17

Review time: 7 Days and 2 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The article is well written but needs some improvement: 1. Title: the title reflects the main subject/hypothesis of the manuscript. 2. Abstract. the abstract summarizes correctly the work described in the manuscript. 3. Key words. The key words reflect the focus of the manuscript. 4. Background. the introduction of the manuscript describes the background of coeliac disease but not the relation with malignancies. Thus the introduction section needs to through some light on refractory coeliac disease and the risk of malignancies. 5. Methods. The author needs to give some information on the method he used to search and analyze the data. Did he perform search in pubmed or other sources…etc…? 6. Important points on the text: 1. The presence of aberrant T cells is necessary for diagnosis of RCD-II. These cells are characterized by the presence of intracellular CD3 and absence of surface CD3 markers. For the diagnosis of RCD-II, T-cell flow cytometry of duodenum biopsies is needed , not only TCR gamma rearrangement. This point needs further clarification under section 2 (Ref CeD). 2. A short overview over management of RCD-II and the effect of that on the prevention of EATL is needed. This is essential because of the link between RCD-II and EATL. 7. Illustrations and tables. Figure 1 suggests that mere presence of active enteropathy after 1 year in symptomatic pt is RCD. Here should clarified that a negative serology in needed. Otherwise patients with delayed response (slow responders) will be wrongly labeled as RCD. 8. References. Reference to landmark and important references is needed. These references give an account on the criteria of diagnosis of RCD, its treatment options and prognosis, especially: 1. Verbeek WH, et al . Flow cytometric determination of aberrant intra-epithelial lymphocytes predicts T-cell lymphoma development more accurately than T-cell clonality analysis in Refractory Celiac Disease.

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Clin Immunol. 2008 Jan;126(1):48-56. doi: 10.1016/j.clim.2007.09.002. 2. Al-toma A, et al. Autologous hematopoietic stem cell transplantation in refractory celiac disease with aberrant T cells. Blood. 2007 Mar 1;109(5):2243-9. doi: 10.1182/blood-2006-08-042820 3. Al-Toma A, et al. Survival in refractory coeliac disease and enteropathy-associated T-cell lymphoma: retrospective evaluation of single-centre experience. Gut. 2007 Oct;56(10):1373-8. doi: 10.1136/gut.2006.114512. 9. Quality of manuscript organization and presentation. the manuscript is well written, concise and coherently organized and presented. English language is accurate.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Oncology*

Manuscript NO: 66187

Title: Celiac disease and malignancies

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03317150
Position: Peer Reviewer
Academic degree: MBChB, MRCP, PhD

Professional title: Doctor, Staff Physician

Reviewer's Country/Territory: Netherlands

Author's Country/Territory: Turkey

Manuscript submission date: 2021-04-09

Reviewer chosen by: Jia-Ru Fan

Reviewer accepted review: 2021-09-29 06:34

Reviewer performed review: 2021-09-29 07:04

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

Thank you for considering our comments. The man uscript has been much improved. I have one more point regarding figure 1. This implies that RCD-1 mag progress to RCD-II and EATL. Please see my suggestion here and also in the attached document: 1. The most left in the diagram: Normal IELs …>> Surface CD3+, CD8+, polyclonal TCR …>>> Investigate for other causes for the clinical picture. 2. The right side; Abnormal clonal IEL…> Surface CD3-, CD8-, monoclonal TCR, NKp46+ …> if less than 20% ..> RCD-1 ;; if >20% RCD-2. Also remove the arrow between RCD1 and RCD2. Because RCD-I does not usually progress to RCD-2 or EATL