

ROUND 1

Sir:

Thank you very much for revising my article. From the process of your revision, I can see your profound knowledge and your pursuit of excellence. I have learned a lot from your revision opinions, and have further understanding of this case report, and also realized that the understanding of this case is not wide enough. This will be of great help to my future work.

I have revised the manuscript according to your suggestions and hope it can meet your requirements. I rewrote some chapters and supplemented some references. A professional company was invited to polish and edit the paper, hoping to meet the relevant standards. Thank you very much for your advice

You are welcome to continue to write and advise.

Thank you!

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ROUND 2

The point-to-point response to the reviewers' comments

Dear Sir: your suggestions are very important to the revision of this article. I have learned a lot of knowledge and broadened my horizons in the process of revision. I have benefited a lot from writing case reports and papers in the future. I hereby sincerely thank you for your valuable opinions.

1. ORCID number: Please present the ORCID numbers of the authors.

My ORCID numbers: 0000-0003-3443-0239

2. Abstract: According to the Journal's guidelines (<https://www.wjgnet.com/bpg/GerInfo/187>), please present the background, the case summary, and the conclusion with no less than 250 words.

I did it.

3. Keywords: Please present six keywords.

Yes. The keyword: Cystitis glandularis; Paraneoplastic neurological syndrome; Dementia; Magnetic resonance imaging; Cerebral white matter disease; Bladder tumor; Case report

4. Core tip: Please present the core tip.

I wrote the tip.

5. In general, I recommend presenting the main text with sections including the introduction, the case presentation, the discussion, the conclusion, and the references according to the Journal's guidelines. The case presentation is further divided into subsections. I also recommend using tables in the case presentation. Furthermore, the authors are advised to use more evidence to back their claims, especially in the Introduction of the article, which I believe is currently lacking. Thus, I recommend the authors to attempt to deepen the subject of their manuscript, as the bibliography is too concise: nonetheless, in my opinion, less than 50/60 articles for a research paper are really insufficient. Therefore, I suggest the authors to focus their efforts on researching more relevant literature: I believe that adding more studies and reviews will help them to provide better and more accurate background to this case report.

Yes. I rewrote it.

6. Introduction: The authors are expected to present the introduction with enough information on paraneoplastic syndrome, cystitis glandularis, and cognitive impairment, leading to the main topic of this case reports. For this purpose, I suggest presenting this section by carefully describing the following points: cognitive impairment in paraneoplastic syndrome, cystitis glandularis is not a neoplastic disease, so probably presenting preneoplastic, and the most importantly rationalizing three components: cognitive impairment, paraneoplastic syndrome, and cystitis grandularis.

Yes. I rewrote it.

7. In this regard, I believe that it could be useful to focus on the role that the prefrontal cortex and hippocampus networks have in cognitive dysfunction: evidence from a novel manuscript offers an overview of the anatomical–functional interplay between the prefrontal cortex and heart-related dynamics in human emotional conditioning (learning) and proposes a theoretical model to conceptualize these psychophysiological processes, the neurovisceral integration model of fear (NVI-f) that can be impaired in cognitive impairment

(<https://doi.org/10.1016/j.tins.2022.04.003>) and a recent study which demonstrated, on a neurophysiological level, the role of PFC in fear conditioning (<https://doi.org/10.1111/psyp.14122>). In line with the previous suggested reference, I believe that it may be useful adding some evidence that focused on pathophysiological and cognitive models of PTSD. In this regard, to provide a more coherent and defined background on this topic, I would suggest focusing on neural and chemical mechanisms underlying psychiatric disorders, for example examining the involvement of neurogenic inflammation and neuropeptides in the pathophysiology of psychiatric and neurological presentations (<https://doi.org/10.3390/biomedicines10010076>; <https://doi.org/10.3390/biomedicines9050517>). I firmly believe that adding this information will help in providing insights on the role of dysfunctional brain activity in mental disorders.

Sir, Your opinions are very valuable. I have carefully pondered and consulted the literature, and benefited a lot. I wrote a paragraph to describe the relationship between frontal lobe, hippocampus and cognitive function, but I think it is difficult to master the core opinions, and this part has a far fetched relationship with my medical record report and increases the coincidence rate of the article. Therefore, I delete this part in this revision. Thank you very much.

8. The Case Presentation: I recommend using some tables to provide clinical information on the case. This would definitely help a reader to grasp the clinical picture of the patient and thus, recognized the importance of this reports.

Yes. I used a table to provide clinical information.

9. Discussion: I suggest rewriting this section more accurately. To properly present findings, I think that authors should provide more details about imp

Yes. I rewrote this section.

10. Discussion: The discussion of data citation was good and captured the state of the art well, but I would have liked to see some views on a way forward: for example, I would have liked some further discussion on the requirement of non-pharmacotherapies to treat insomnia related to psychiatric disorders. Notably, non-invasive brain stimulation (NIBS) techniques have been widely used as a new type of treatment for mental disorders, as they notably alleviate mood symptoms: in this regard, I would suggest adding evidence of the beneficial effects of NIBS in treatment of mental disorders in these patients. In this regard, I would suggest citing a recent review (<https://doi.org/10.1016/j.neubiorev.2021.04.036>) that described the potential and effectiveness of non-invasive brain simulation (NIBS) to interfere and modulate the abnormal activity of neural circuits (i.e., amygdala-mPFC-hippocampus) involved in the acquisition and consolidation of fear memories. Similarly, another recent study illustrated the therapeutic potential of NIBS as a valid alternative in the treatment of abnormally persistent fear memories that characterized those patients with anxiety disorders that do not respond to psychotherapy and/or drug treatments (<https://doi.org/10.1016/j.jad.2021.02.076>). These findings highlight how NIBS and are a valuable tool in research that might have potential diagnostic and therapeutic applications to investigate treatment duration for psychiatric symptoms of PTSD.

Sir, I wrote a paragraph to describe the application of nibs in the nervous system. So there is a great difference between this technique and the treatment of this case, it is difficult for me to discuss it here. so I deleted this part. I will pay attention to it in future research. thank you very much.

11. Discussion: In line with the previously suggested literature, I would finally recommend a

recent study that has focused on cognitive symptoms (i.e., dysfunction in attention and emotion perception) in psychiatric and brain-damaged patients, and highlighted the role that specific dysfunctional brain regions, such as amygdala and superior temporal sulcus (STS), have on recognition and expression of non-verbal communicative signals of emotion in PTSD (<https://doi.org/10.3390/biomedicines10030627>).

Sir, I don't think this case report has much to do with PTSD, so I didn't write a discussion on this. I will pay more attention to it in the future. Thank you very much.

12. I think the 'Conclusions' paragraph would benefit from some thoughtful as well as in-depth considerations by the authors, because as it stands, it is very descriptive but not enough theoretical as a discussion should be. The authors should make an effort, trying to explain the theoretical implication as well as the translational application of their research. Overall, the manuscript contains two figures, no table, and nine references. I believe that this manuscript might carry important value presenting a case report of cognitive impairment in patients with cystitis grandularis. I hope that, after these careful revisions, the manuscript can meet the Journal's high standards for publication. I am available for a new round of revision of this article. I declare no conflict of interest regarding this manuscript. Best regards, Reviewer.

Sir, I rewrote it.