Reviewer #1:

Specific Comments to Authors: This manuscript reports a case of primary renal lymphoma, which makes progress in the study of primary renal lymphoma. But unfortunately, the authors were unable to regard the prognosis of the disease. The SEER database has follow-up data for primary renal lymphoma, so the authors may be able to try to use the SEER database for prognostic analysis. Here, I make some suggestions for this manuscript.

1. The patient's clinical data is not complete. Other clinical information, such as lactate dehydrogenation (LDH), blood routine results, etc, should be provided.

Ans) Clinical information necessary for IPI calculation including LDH was added. In addition to IPI, Neutrophil/Lymphocyte Ratio (NLP) and Platelet/Lymphocyte Ratio (PRL), which have been reported to be related to the prognostic significance of DLBCL, were described, and blood cell counts were recorded for this purpose.
: P3, P7

2. The introduction and discussion sections of the manuscript lacks a description of prognostic factors associated with primary renal lymphoma, including clinicopathologic factors and gene profiles. This literature, PMID: 34128320, showed that a nomogram integrating traditional prognostic indicators and gene profile could improve the prediction accuracy of lymphoma. The authors may consider adding some discussion on the factors affecting the prognosis of primary renal lymphoma, and consider this literature, PMID: 34128320, as a reference.

Ans) As for the prognostic factors of DLBCL, the previously well-known and currently used IPI, as well as the recently reported PLR and NLR, were described.
: P7

Reviewer #2:

Specific Comments to Authors: In this study, Lee, et al. reported a case of primary renal lymphoma (pathological type: diffuse large B-cell lymphoma, DLBCL) and also reviewed corresponding clinicopathological features.

3. Although present report involves in a relatively rare case, the significance is limited. More detailed clinicopathological information, ex. molecular and genetic pathological features.

Ans) First, more detailed clinical information related to IPI was added. In this paper, 121 cases of PRL were introduced, and among them, bilateral PRL such as the present case accounted for only 29.8% (36 cases). Radiologically, no distinct mass was identified, and clinically, AKI was accompanied and renal biopsy was performed under RPGN, suggesting that clinicians should be aware of the possibility of lymphoma in this situation.

Reviewer #3:

Specific Comments to Authors: The authors reported a case of a 74-year-old woman with pri mary diffuse large B-cell lymphoma presenting as acute kidney injury. Because primary renal ly mphoma is extremely rare, with an incidence of 0.7% among the extranodal lymphomas, this m anuscript is important. However, there are some points to be revised in this manuscript.

4. (1) As stated by the authors, I know that primary renal lymphoma is extremely rare. Howev er, because there have been 121 cases reported to date, the authors should report the no velty in this case report.

Ans) In this paper, 121 cases of PRL were introduced, and among them, bilateral PRL such a s the present case accounted for only 29.8% (36 cases). Radiologically, no distinct mass was i dentified, and clinically, AKI was accompanied and renal biopsy was performed under RPGN, s uggesting that clinicians should be aware of the possibility of lymphoma in this situation

5. (2) I understand that it is important to expand the age range and increase the number of cases. However, since the age range is large, from 1989 to 2023, there may be significant differences in treatment strategies and prognosis by age, making it difficult to summarize t he results. Therefore, the authors should appropriately consider the chronology of the revie w and state the reasons for compiling it in that time period.

Ans) Since the total number of cases was not large, we tried to include all cases reported in the analysis as much as possible. Although there may be changes in treatment methods (or chemotherapy regimen) over time, deaths were observed evenly throughout the entire period in patients with bilateral lesions. Observation over a long period revealed that bilateral involvement is a poor prognosis factor.

6. (3) Table 3 in page 5 seems to be a mistake for Table 2. Therefore, the authors should r evise it.

Ans) revised

7. (4) Mortality rates are different in Table 1 (17.4 %) and Table 2 (17.1 %). The authors sho uld make appropriate corrections, including the data in the manuscript (page 6, 2nd paragr aph-17.4%).

Ans) corrected to 17.4%

8. (5) There are two references to “no treatment: 1 case” in page 6, 2nd paragraph. The auth ors should delete one of them.

Ans) deleted

9. (6) HE staining is in Figure 1A only, CD20 staining is in Figure 1B, and CD3 staining is i n Figure 1C. However, the figure legend in Figure 1 is incorrect and should be corrected a ppropriately by the authors.

Ans) revised