

Dear Editor,

Many thanks your good advises for our manuscript and we revised them point-by-point.

1. The English need improvement since there are some grammatical and syntax errors in the manuscript. For example, the words “and third” may be as “and the third”; “occur at” as “occur in”; “negative” as “a negative”; “of liver” as “of the liver”; “after initial” as “after the initial”; “of intestine” as “of the intestine”; “mass with” as “mass”; “tubular” as “a tubular”; “a survival” as “survival”; “OS of” as “the OS of”; “poor” as “a poor”; “a cancer” as “cancer”. The grammar mistakes which are not mentioned here are also to be checked and corrected properly.

Answer: We have corrected some word errors and grammar mistakes in the manuscript, and we have also send our revised manuscript to a professional English language editing company (MedE Editing Service). The revised manuscript has reached grade A in language evaluation for SCI journals.

2. There are some typing mistakes as well, and authors are advised to carefully proof-read the text. For example, the words “dose adjusted” may be as “dose-adjusted”; “nomal” as “normal”; “break apart” as “break-apart”; “stage I, II and IV” as “stage I, stage II and stage IV or stages I, II and IV”; “1 inhibitors” as “1 inhibitor”; “unknow” as “unknown”. The typos not mentioned here are also to be checked and corrected properly.

Answer: We have checked and corrected some typing mistakes in the manuscript.

3. Check the abbreviations throughout the manuscript and introduce the abbreviation when the full word appears the first time in the abstract and the remaining for the text and then use only the abbreviation (For example, diffuse large B-cell lymphoma (DLBCL), survival rate (OS), germinal center B-cell (GCB), etc.). Make a word abbreviated in the article that is repeated at least three times in the text, not all words to be abbreviated.

Answer: We have checked the abbreviations throughout the manuscript and modified some mistakes.

4. The authors may cite recent prevalence or incidence data about Colorectal cancer (CRC) or Adenocarcinoma and it should be at-least of 2022 or 2023.

Answer: We updated a reference involving in the incidence data about Colorectal cancer (CRC)

Siegel RL, Wagle NS, Cercek A, Smith RA, Jemal A. Colorectal cancer statistics, 2023. CA Cancer J Clin 2023; 73: 233-254 [PMID: 36856579 DOI: 10.3322/caac.21772]

5. In results, figures should be highlighted with arrow mark about what kind of changes have been noted in the staining slides (immune-histopathological slides) for better understanding.

Answer: Thank you for your good advice. We have marked the lymphoma area and colon cancer region with arrows in different colors on immune-histopathological slides (figures) .

6. The limitation of the present investigation and future direction may be given along with conclusion or under separate heading for understanding the concepts clearly.

Answer: We added "but additional case studies are needed for confirmation" in the conclusion in order to express the limitation of the present investigation and future direction.

SPECIFIC COMMENTS TO AUTHORS

I sincerely express my gratitude to the editor for affording me the opportunity to evaluate this commendable manuscript. The research presented herein delves into a significant scientific exploration concerning a particularly uncommon instance of tumors. In this regard, I would like to draw attention to a specific aspect concerning the figures. To enhance clarity and coherence, I recommend the incorporation of arrows to demarcate and emphasize the various findings being described. This modification will assuredly contribute to the overall quality and comprehensibility of the work.

Answer: Thank you for your good comments. We have marked the lymphoma area and adenocarcinoma area with arrows in different colors on the graph.