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# PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 70126

**Title:** Primary adrenal diffuse large B-cell lymphoma with normal adrenal cortex function：A case report

**Provenance and peer review**: Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05322345
**Position:** Peer Reviewer
**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2021-07-31

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-08-01 16:42

**Reviewer performed review:** 2021-08-01 17:01

**Review time:** 1 Hour

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[ ] Grade D: Fair [ ] Grade E: Do not publish |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

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|---|---|
| **Peer-reviewer statements** | Peer-Review: [ Y] Anonymous [ ] Onymous<br>Conflicts-of-Interest: [ ] Yes [ Y] No |

**SPECIFIC COMMENTS TO AUTHORS**

This study entitled "Non-GCB primary adrenal diffuse large B-cell lymphoma with normal adrenal cortex function: A case report" seems to have been generally well executed and written. Also, I believe that this study is very instructive, and it will be interesting for the readers. I have only two minor suggestions to improve the quality of the paper. Please explain in more detail how the final diagnosis was obtained. Furthermore, please provide more details about surgical procedure. The right adrenal gland was not touch?

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**Title:** Primary adrenal diffuse large B-cell lymphoma with normal adrenal cortex function：A case report

**Provenance and peer review**: Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 06109935
**Position:** Peer Reviewer
**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2021-07-31

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-08-01 15:21

**Reviewer performed review:** 2021-08-07 10:00

**Review time:** 5 Days and 18 Hours

| | |
|---|---|
| **Scientific quality** | [ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good<br>[ Y] Grade D: Fair [ ] Grade E: Do not publish |
| **Language quality** | [ Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing<br>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection |
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|---|---|
| **Peer-reviewer statements** | Peer-Review: [ Y] Anonymous [ ] Onymous<br>Conflicts-of-Interest: [ ] Yes [ Y] No |

**SPECIFIC COMMENTS TO AUTHORS**

This is an interesting case report on a primary adrenal DLBCL, which represents a rare hematological condition. The manuscript is well written and can be helpful for the readers to ameliorate the diagnostic and therapeutic approach for this scenario. Nevertheless there are a number points that may deserve some revisions. 1. There is a key-point that may be reconsidered in my opinion. The concept that the combination of surgery and chemotherapy could be a therapeutic approach for primary adrenal DLBCL is incorrect to me. The international guidelines (NCCN and ESMO) do not suggest surgery as part of the treatment for DLBCL but just as a diagnostic tool. The backbone for front-line treatment of this disease is R-CHOP (or R-CHOP-like regimens) that represents the worldwide accepted standard of care, nowadays (see NCCN guidelines, ESMO guidelines, Kim YR et al. Prognostic factors in primary diffuse large B-cell lymphoma of adrenal gland treated with rituximab-CHOP chemotherapy from the consortium for improving survival of lymphoma (CISL). J Hematol Oncol 2012"). In addition, the poor prognosis of the disease cited in the manuscript (1-year OS of 17%) is affected by the inadequate treatment approach. Data from patients with adrenal DLBCL treated with immunochemotherapy show much higher rates of responses and survival (54% of complete responses and 2-year OS over 68%) (see Zhou L et al. Primary adrenal lymphoma: radiological; pathological, clinical correlation. Eur J Radiol 2012;81:401-405 ) In my view, due to the same concept this sentence may be revised: '[…]This is due to the adherence of the tumor to the surrounding tissues, which hinders its complete removal during surgery, resulting in recurrence and metastasis soon after surgery[…]. The complete surgical removal of the disease is never

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curative for DLBCL and systemic treatment is required. Moreover, the term 'metastasis' is not appropriate to describe lymphoma dissemination that is a systemic disease by definition. 2. In my understanding the time from the diagnosis to the beginning of the immunochemotherapy has been of around 1 month. If this is correct there has been a delay in the systemic treatment administration considering the aggressive behavior of DLBCL and this should be stated or at least analyzed in the text, since could has affected the outcome for the patient. 3. "Hematologists did not rule out lung damage caused by chemotherapy drugs […]". This should be stated with more caution or with more details on the rationale. 4. The adrenal gland involvement is related to high risk of CNS lymphoma involvement or CNS relapse. Diagnostic lumbar puncture at baseline in order to rule out CNS involvement and CNS prophylaxis with systemic methotrexate or intratecal chemotherapy should be always considered in this scenario. This theme may be further developed in the manuscript. 5. In the discussion the definition of GCB and non-GCB subtypes is imprecise (see Hans et al, Confirmation of the molecular classification of diffuse large B-cell lymphoma by immunohistochemistry using a tissue microarray. Blood 2004). 6. 'non-GCB patients are often characterized by a higher expression of the proliferation index (Ki-67), with standard R-CHOP chemotherapy regimen being ineffective in such patients'. I would suggest the term 'less effective' instead of ineffective. 7. 'For CD30-positive patients, the use of the anti-CD30+ antibody brentuximab vedotin has been recommended'. The efficacy of Brentuximab vedotin on DLBCL is moderate both as single agent and in combination with R-CHOP. This recommendation should be stated with more caution. Minor comments: - When the authors refer to R-CHOP I would suggest to change the term chemotherapy with 'immunochemotherapy'. - In the sentence […] 'R-CHOP (rituxan 600 mg d1; cyclophosphamide 1.2 g d1; liposomal adriamycin 40 mg d1; vindesine 4 mg d1; and prednisone acetate 100 mg d1-d5) […]' I suppose there is a mistake, the standard

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R-CHOP regimen include vincristine, not vindesine.