



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Oncology*

**Manuscript NO:** 78999

**Title:** Treatment of Monomorphic Epitheliotropic Intestinal T-cell lymphoma with surgical resection followed by CHOP regimen and stem-cell transplant: A case report

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

**Peer-review model:** Single blind

**Reviewer's code:** 05263678

**Position:** Associate Editor

**Academic degree:** FACS, MD, PhD

**Professional title:** Professor

**Reviewer's Country/Territory:** United States

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

**Manuscript submission date:** 2022-07-26

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-07-26 17:22

**Reviewer performed review:** 2022-07-26 17:32

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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**SPECIFIC COMMENTS TO AUTHORS**

This is a nicely written case report, and the authors are to be congratulated on apparently achieving a good result despite an initial error in diagnosis that apparently delayed care and could have led to a disastrous complication. 1. Can the authors in retrospect offer any insights into how the diagnosis could / should have been made more expeditiously so that this delay could have been avoided? For instance (although the lymph node enlargement here seems to have been due to hyperplasia), is it not unusual to see lymph node enlargement in GIST? Should this have steered the treating clinicians away from a GIST diagnosis. What other insights can they offer? 2. It may not be necessary to show all of the images. For instance, since the PET scan was normal, do we really need to see all of it?



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**Peer-review model:** Single blind

**Reviewer's code:** 05394499

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2022-07-26

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-07-26 19:13

**Reviewer performed review:** 2022-07-27 19:14

**Review time:** 1 Day

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

Dear Authors, You have delivered a nice-written manuscript describing a rare type of T-cell intestinal Lymphoma. Please pay attention to the following points and provide your correspondence: Line 75: please correct us such: we report a case of MEITL (use an article, not a number). Line 76: you may use the brand name GLEEVEC® after providing the medication name Imatinib. Line 157: please provide the reason for a PET/CT scan in the previous year. Did your patient have symptoms a longer time ago? Table 2: CEA is the most common Marker if gastrointestinal malignancy is suspected. Did you measure CEA in your patient? Line 214-219: the tumor has infiltrated several abdominal structures. I suppose that a multivisceral resection was obligatory in order to reject the tumor. Please provide a more detailed description of the surgery you conducted. Line 254-255: the enlarged lymph nodes were due to lymphoid hyperplasia rather than metastasis. The CT scan of abdomen cannot distinguish between the two entities. What were the pathology findings of the resected lymph nodes? Line 332: if an immediate laparotomy is indicated please explain why you despite that started a neoadjuvant treatment with Imatinib. Did you expect a tumor size reduction which would enable a more organ-protective operation? With Best Regards



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**Peer-review model:** Single blind

**Reviewer's code:** 05260389

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor, Surgeon

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

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

**Manuscript submission date:** 2022-07-26

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-07-26 19:31

**Reviewer performed review:** 2022-08-03 20:51

**Review time:** 8 Days and 1 Hour

<b>Scientific quality</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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### **SPECIFIC COMMENTS TO AUTHORS**

This is a well written article on a very interesting and rare subject. I have few questions:  
1- Can you say more about the surgery? 2- I suggest selecting some PET-CT images and not show them all in reduced size. 3- How did you exclude adenocarcinoma? Why treatment for GIST was the started if adenocarcinoma still a differential diagnosis? It seems difficult to differentiate by the image presented.