

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 86528

Title: Leukemic transformation during anti-tuberculosis treatment in aplastic anemia-paroxysmal nocturnal hemoglobinuria syndrome: A case report and review of literature

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03008923

Position: Editorial Board

Academic degree: CCST, MD, MSc, PhD

Professional title: Doctor, MHSc, Occupational Physician, Postdoc, Research Scientist

Reviewer's Country/Territory: Greece

Author's Country/Territory: China

Manuscript submission date: 2023-06-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-07-11 22:45

Reviewer performed review: 2023-07-24 21:38

Review time: 12 Days and 22 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty

Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I have the following concerns: 1. Did the Severe aplastic anemia, and PNH cause the leukemic transformation? Or was the leukemia an unexpected event, regardless of the pathogenesis of PNH/SAA? What was the effect of tuberculosis and of the treatment for tuberculosis? Please provide a novel paragraph in the discussion explaining these questions in a simple way and try to be as specific as possible. 2. In the Introduction section, many elements of the case presentation are described. Please remove them and place them to the case presentation part of the manuscript. 3. Are there other SAA-PNH cases in the literature, which transformed to AML? Please answer that to the discussion. 4. Are there other only PNH cases in the literature, which transformed to AML? Please answer that to the discussion. 5. Did the patient receive chemotherapy before the allo-HSCT and what was that? 6. Do the AHF syndromes protect or cause the leukemic transformation? Please answer that to the discussion in a separate



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
<https://www.wjgnet.com>

paragraph and provide published evidence. 7. What are the mechanisms published possibly explaining that an infection might cause spontaneous remission to an AML and how long does this remission last? 8. Could antithymocyte globulin or cyclosporine have caused the leukemic transformation or they acted against that? Please answer that to the discussion. In general, write in a simple way and explain better, being more specific, instead of analyzing theories in the discussion. 9. Please explain that according to the ICC classification, since the NPM1 mutation was found, the case is an AML regardless of the percentage of blasts if they exceed 10% (16% in the described case). That is why IT IS NOT AN MDS. Please explain that to the discussion. 10. Please correct PHN is wrong and PNH is correct (in some parts of the manuscript). Moreover please correct the phrase in line 30 of the case summarySAA had BEEN transformed into.....is the correct phrase.