

# PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 76161

Title: A rare primary rectal mucosa-associated lymphoid tissue lymphoma with

curative resection by endoscopic submucosal dissection

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

**Reviewer's code:** 04093521 **Position:** Peer Reviewer

Academic degree: MD, PhD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-03-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-02 01:58

Reviewer performed review: 2022-04-02 02:32

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements

Conflicts-of-Interest: [ ] Yes [Y] No

# SPECIFIC COMMENTS TO AUTHORS

Manuscript NO: 76161 Title: A rare primary rectal MALT lymphoma with curative resection by endoscopic submucosal dissection: a case report and minireview. The authors reported a case of a patient with rectal MALT lymphoma with curative resection by endoscopic submucosal dissection. A report of patients with primary rectal MALT lymphoma is a welcome addition, as this is an infrequent disease. I think however that there are a few improvements that should be made before publication. 1. The first time the authors use an abbreviation in the text, present both the spelled-out version and the short form. For example, "HE", "PET-CT", "MRI" are not defined. 2. "Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue" is the proper name of MALT lymphoma. 3. "Helicobacter pylori" should be italicized. 4. Involvement of other organs should be exluded before the diagnosis of MALT lymphoma localized to the rectum. For example, CT (or PET-CT), esophagogastroduodenoscopy, bone marrow examinations seemed to be required in the present case. It is recommended that the results of these examinations be described prior to the "FINAL DIAGNOSIS" in the manuscript.



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Peer-review model: Single blind

Reviewer's code: 05194798 Position: Editorial Board Academic degree: MD

**Professional title:** Director

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-03-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-02 04:04

Reviewer performed review: 2022-04-02 23:04

**Review time:** 19 Hours

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



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

# SPECIFIC COMMENTS TO AUTHORS

This manuscript is a case report of a patient with rectal MALT lymphoma which was treated by endoscopic submucosal dissection. Endoscopic findings and treatment strategy has not fully discussed yet as colorectal lymphoma is a rare condition. This topic will likely be of interest to clinicians in the field. However, I have serious concerns with this manuscript as described below. Major 1. I think this case of MALToma is rare in terms of rectal origin and endoscopic resection. The authors should emphatically discuss those points including data quoted from related literatures. 2. The readers should be interested in the treatment strategy for colorectal MALT lymphoma. The authors should expand discussion regarding the treatment strategy. Minor 1. (P2L11) "HE" should be replaced "hematoxylin and eosin". 2. (P2L15) Please delete "In conclusion". 3. (P3) Chief complaints is too long. I think "asymptomatic" or "for further examination and treatment" are suitable. 4. Please describe how H. pylori infection was denied. 5. The authors should describe laboratory results in detail including LDH and sIL-2R. 6. (P5L12) Please replace "mucous" with "mucosal". 7. (P5L12) Please explain the EUS finding of submucosal invasion. 8. The authors should describe the depth of tumor in histopathological examinations. 9. I recommend that the final diagnosis should be placed after the treatment section. 10. There are too many images. Please delete unnecessary ones. 11. (P10L16-17) It's difficult to understand the sentence, "The lesion also is....".



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05461735 Position: Peer Reviewer Academic degree: MD

**Professional title:** Doctor, Surgeon

Reviewer's Country/Territory: Thailand

Author's Country/Territory: China

Manuscript submission date: 2022-03-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-02 01:27

Reviewer performed review: 2022-04-09 07:37

**Review time:** 7 Days and 6 Hours

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



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [ ] Yes [Y] No

# SPECIFIC COMMENTS TO AUTHORS

The authors presented a rare case of rectal MALT lymphoma that underwent ESD as a sole treatment. This case report is very interesting; however, some detail in the manuscript should be clarified. -The conclusion in the abstract should be revised. The sentence "This case provides a reference for the diagnosis and treatment of mucosa-associated lymphoid tissue lymphoma originating in the digestive tract." might be overstated. From my point of view, the authors might conclude that ESD is safe and effective for rectal MALT lymphoma. -The authors used NBI and chromoendoscopy to diagnose this lesion, so they should state the NICE, JNET, and Kudo's classification. What was the endoscopic diagnosis at that time? -The EUS image should be enlarged and clearer. It is crucial for treatment consideration (Endoscopic resection vs Surgery). From this EUS image, it was very difficult to determine what colonic layer that tumor invaded through. -The authors should clarify the endoscopic diagnosis. Did the authors diagnose this lesion as rectal lymphoma from colonoscopic findings and -Was there any difficulty during ESD for rectal MALT lymphoma perform the ESD? (ex. adhesion)? Any tips for resecting this kind of lesion? -What is the surveillance protocol for PET-CT, EUS, and colonoscopy? Please explain. Overall, this is a very interesting case report. It could be improved and published.



# RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Peer-review model: Single blind

Reviewer's code: 05194798 Position: Editorial Board Academic degree: MD

**Professional title:** Director

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-03-12

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2022-05-27 21:20

Reviewer performed review: 2022-05-28 05:53

**Review time:** 8 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ Y] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

### SPECIFIC COMMENTS TO AUTHORS

The revised manuscript is improved. However, several concerns remain unresolved. 1. The authors should describe your opinion in treatment strategy for rectal MALT lymphoma based on the results of the presented data and guidelines of MALT lymphoma in other organs. For example, firstly, H. pylori eradication can be attempted; secondly, ESD should be attempted in case of localized, mucosal lesion; other localized lesions should be treated by surgical resection or radiotherapy and/or chemotherapy, and so on. A flowchart can help readers understanding. 2. "Lymphoma" should be inserted after "(MALT)" in sentences in Abstract, Core Tip and Introduction. 3. The content of chief complaints and history of present illness is overlapped. It should be modified. 4. The first three sentences in Discussion section should be described in Introduction section. 5. There are too many images. Please delete unnecessary ones. I think that at least Figure 2A-C and Figure 5 can be deleted as they have little information.