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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 78473

Title: Glucocorticoids combined with tofacitinib in the treatment of Castleman's disease:

A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06304859 Position: Peer Reviewer Academic degree: PhD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2022-07-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-07-07 06:13

 $\textbf{Reviewer performed review:}\ 2022\text{-}07\text{-}07\ 14\text{:}18$

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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish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



Baishideng **Publishing**

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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements

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

SPECIFIC COMMENTS TO AUTHORS

1. The manuscript requires English editing to correct the grammar or flow. 2. The diagnostic process for this patient was vague, and the basic pathological types were not clearly stated. The differential diagnosis is also insufficient. 3. Many statements in the abstract are inaccurate, such as "Currently, most patients with Castleman's disease are treated with IL-6 inhibitors, But some patients have poor clinical outcomes." However, it is well known that surgical resection is preferred for UCD patients. Such imprecise statements would bring the impression of being unprofessional. 4. This article was intended to highlight the innovation in treatment options, but the treatment modalities and efficacy were expressed very roughly. Its conclusion "Glucocorticoids combined with tofacitinib is an effective method for the treatment of CD." is not convincing.



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Reviewer's code: 05345222 Position: Peer Reviewer Academic degree: PhD

Professional title: Professor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: China

Manuscript submission date: 2022-07-07

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-07-07 04:40

Reviewer performed review: 2022-07-08 06:58

Review time: 1 Day and 2 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	[Y] Accept (High priority) [] Accept (General priority) [] 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

In this manuscript authors report a case with Castleman disease treated successfully with tofacitinib plus glucocorticoids. The case is important in few points because it mentions that Castleman disease can be misdiagnosed as tuberculosis which is much more frequent in especially certain areas in the world. Secondly the first line treatment of multicentric Castleman disease is suggested as siltuximab even in guidelines but is not available in many countries including Turkiye and alternative treatment options are necessary. However there few points to be corrected: 1) Abstract Case Summary line 1 "multicente" r should be "multicentric". 2) Introduction second paragraph first line the first description date is given as "1850s". However CD is first described by Benjamin Castleman in 1950s. It should be checked. 3) Introduction second paragraph fifth line "asymptomatic MCD (aMCD)" is not a type reported in standard classification. Some patients are clinically asymptomatic but this is not a spesific type of disease. 4) Case Presentation 1.2 first paragraph line 18 "antitubeculosisous" is written wrong. 5) Case Presentation 1.2 second paragraph it is written that PET CT is performed to exclude tumor diseases. SUV max values should better be mentioned also. Because the values can help excluding especially lymphoma when below 8.



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Peer-review model: Single blind

Reviewer's code: 00868458 Position: Peer Reviewer Academic degree: PhD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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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) [] Minor revision [Y] 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

This is an interesting case report. However, some revisions are necessary, because disease classification are old fashioned. 1. Recently, histology of Castleman disease is classified to 5 category; Hyalin-vascular type, Plasma-cell type, Mixed type, Hypervascular type and Plasmablastic type by CDCN classification (Ref 5,7). What is the histological classification as Castleman disease of this case? *Recently, the term "Hyalin-vascular type" can be used for UCD only. Therefore, don't use Hyalin-vascular type for this case. 2. In MCD patients, clinical symptoms of TAFRO syndrome are important, so add description about TAFRO syndrome. TAFRO syndrome was born and grown in Japan, thus use Japanese criteria for Table2 (Ref.f). 3. If you excluded tuberculosis for this case, how do you explain the presence of acid-fast bacteria? 4. In introduction part, the author described that CD was first described in 1850s. However, the 1st report of CD is Cancer 9:822,1956, thus please correct this sentence. 5. Add some references below, and discuss more. a. Ann Hematol. 101:485-490,2022 b. Am J Hematol.91:220-226,2016 c. Am J Hematol 94:975-983,2019 d. Blood 123:2924-2933,2014. e. Int J Hematol. 103:686-692,2016