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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 82964

Title: Coexistence of diffuse large B-cell lymphoma, acute myeloid leukemia, and untreated lymphoplasmacytic lymphoma/waldenström macroglobulinemia in a same

patient: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02536364 Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2023-01-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-01-05 13:22

Reviewer performed review: 2023-01-06 15:01

Review time: 1 Day and 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C:
	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty



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Creativity or innovation of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No scientific significance
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
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This paper is a very rare case report of three hematological malignancies simultaneously in the same patient. An autopsy was not performed, and it seems that the pathological condition was almost analyzed with the limited number of specimens taken before his death. I find it hard to believe that there are 'tumor cells with both MDS clones and B-LPD (LPL/WM) clones' in the bone marrow, but the authors' data make me think so. On the other hand, DLBCL with chest wall and multiple nodal lesions (pathological confirmation was not obtained) was also observed. This aggressive triple expressor DLBCL should also be analyzed by FISH for BCL-2, BCL-6, and c-myc, but the specimen was too small to be possible. Furthermore, I must say that the possibility that this DLBCL was generated by transformation of B-LPD (LPL/WM) is negative based on the authors' data (that is, it was a different clone). In addition, I think that it is better to add the notation 'triple expressor'. The above is my review, and I agree with the authors'



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thinking on this case essentially. I would only suggest that you rewrite the first half of the introduction. 'Only few cases who developed DLBCL after AML chemotherapy [1, 2], or who developed AML secondary to the DLBCL treatment [3], were reported.' In particular, the latter has been experienced frequently (2 cases in the past year in our department), and it is not worth reporting it in papers, so the number of reports is small. Readers may have doubts that the whole paper is shady with this unnecessary sentence at the beginning of this precious report. It is a topic that is not directly related to the content of the paper, so I think it can be deleted.