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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 33219

Title: Immunophenotypic signature of primary glioblastoma multiforme: A case of extended progression free survival

Reviewer's code: 00646543

Reviewer's country: Mexico

Science editor: Jin-Xin Kong

Date sent for review: 2017-02-12 23:11

Date reviewed: 2017-02-17 00:24

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [] High priority for publication
<input type="checkbox"/> [Y] Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> [] Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> [Y] No	<input type="checkbox"/> [] Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

The case presented by Gandhi et. al., is interesting, thoroughly studied and well documented, my only suggestion is in regard to the title: This case is not a "rare" case; the survival free of tumor was 18 months, only marginally superior from the current media of 14.6 months. I think that the title should change from ...“A rare case...” to “...in a case...”



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

ESPS manuscript NO: 33219

Title: Immunophenotypic signature of primary glioblastoma multiforme: A case of extended progression free survival

Reviewer's code: 00289387

Reviewer's country: China

Science editor: Jin-Xin Kong

Date sent for review: 2017-02-12 23:11

Date reviewed: 2017-02-21 12:45

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various evaluation criteria like 'Grade A: Excellent', 'Priority publishing', 'Google Search', 'Accept', etc.

COMMENTS TO AUTHORS

Dr. Gandhi et al reported a case of glioblastoma multiforme that displayed a disease-free survival with 12 months and an overall survival with 26 months, consistent with pathological data analyzed by immunohistochemistry staining and inflammatory factor evaluation in blood. The authors measured multiple protein expression levels from the patient using WHO standards newly updated in 2016, and found that hTERT, HMGA1, and KI-67 were elevated, while HMGA1 was also validated by immunoblots. In addition, they found serum levels of inflammatory factors such as IL-6, YKL-40, and NLR, besides HMGA1, hTERT and TIMP-1, were also increased as compared with median levels of controls. This case-study manuscript is interesting and the outcome of the immune response signature may have potential value and new insight for the diagnosis and prognosis of glioblastoma, as this deadly disease currently lacks specific biomarkers for monitoring disease progression. Some of concerns must be addressed. 1) The format of this manuscript should be changed because the Result section was mixed with some description of experimental methods or procedures. These different parts can be separated in order to easily follow up the description of the



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data. 2) English writing needs to be improved, including Abstract and Discussion. 3) All the initials must be written in full names as they appeared at the first time. 4) It is unclear whether these serum levels of inflammatory factors were measured prior to or post operation/drug treatment. This information is very important in the prognosis of this disease and/or evaluation of drug efficacy. 5) Figure 1. Add arrows to indicate where the lesion is located. 6) Explain what the controls are in Figure 2 and 3. These values were derived from normal subjects or adjacent benign tissue. 7) Authors mentioned that A parallel increase in values of IL6 with that of hTERT ($p=0.0286$) in our case.... It is not clear whether the p value indicates the correlation between IL-6 and hTERT. If yes, how this calculation can be done from one case?