

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 40422

Title: Natural-killer/T-cell lymphoma with concomitant syndrome of inappropriate antidiuretic hormone secretion: A case report and review of literature

Reviewer's code: 00723857

Reviewer's country: Bangladesh

Science editor: Ruo-Yu Ma

Date sent for review: 2018-08-23

Date reviewed: 2018-08-25

Review time: 2 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Intersting. SIADH developed before staring of chemotherapy in this csae but it is not mentioned in cases report. The given chemotherapy should be written after writing of SIADH management. Over all good article.



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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 40422

Title: Natural-killer/T-cell lymphoma with concomitant syndrome of inappropriate antidiuretic hormone secretion: A case report and review of literature

Reviewer's code: 00503260

Reviewer's country: Japan

Science editor: Ruo-Yu Ma

Date sent for review: 2018-08-24

Date reviewed: 2018-08-26

Review time: 2 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Liu et al. reported a case of NK/T-cell lymphoma associated with syndrome of inappropriate antidiuretic hormone (SIADH). As mentioned by authors, a case of NK/T-cell lymphoma associated with SIADH has not been reported until now in Data



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Base such as Pubmed. However, it is well known that T cell lymphoma can cause SIADH. Moreover, the mechanism to induce abnormal secretion of ADH by some cytokines such as sIL-2 and IL-6 etc. is the same between NK cell lymphoma and other T cell lymphomas. Therefore, I doubt that the reasons why NK/T-cell lymphoma associated with SIADH has not been reported until now are due to the rarity of NK cell lymphoma or due to publication bias. Therefore, the authors should describe the specialty of SIADH due to NK cell lymphoma (for example, pathogenic mechanism, etc.). In addition, some concerns have been raised. 1) There is no description to suggest that this patient suffered from SIADH in Abstract. Therefore, the authors should briefly add the evidences to suggest SIADH in Abstract. 2) The speed of decreased serum sodium is very important. Therefore, the authors should indicate serum sodium levels before admission. 3) Because no data in the endocrinology department (plasma osmolality, urine osmolality, blood pressure, renal function and adrenal function) were found, it is impossible for me to make a definite diagnosis of SIADH. Therefore, the authors should indicate the raw data. 4) Reduced renal sodium excretion is not consistent with the definition of SIADH. The authors should explain why renal sodium excretion decreased.

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[Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 40422

Title: Natural-killer/T-cell lymphoma with concomitant syndrome of inappropriate antidiuretic hormone secretion: A case report and review of literature

Reviewer's code: 02714171

Reviewer's country: Italy

Science editor: Ruo-Yu Ma

Date sent for review: 2018-08-23

Date reviewed: 2018-08-29

Review time: 6 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
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		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
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SPECIFIC COMMENTS TO AUTHORS

The paper of Liu and Zheng is original and is suitable for publication.

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 40422

Title: Natural-killer/T-cell lymphoma with concomitant syndrome of inappropriate antidiuretic hormone secretion: A case report and review of literature

Reviewer's code: 03704412

Reviewer's country: United States

Science editor: Ruo-Yu Ma

Date sent for review: 2018-08-23

Date reviewed: 2018-08-30

Review time: 7 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a very interesting case report of a patient suffering from NK/T cell lymphoma with concomitant SIADH and previous history of Nasopharyngeal carcinoma (NPC). The manuscript is well written and lucidly presented. 1. Can the authors comment on



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any link between NPC and NK/T cell and concomitant SIADH development? 2. Are there any known genetic alterations behind NK/T cell lymphoma and SIADH? This should be discussed. 3. The patient was found to be EBV positive. Are there any specific organs where the viral integration was detected?

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 40422

Title: Natural-killer/T-cell lymphoma with concomitant syndrome of inappropriate antidiuretic hormone secretion: A case report and review of literature

Reviewer's code: 00071178

Reviewer's country: Turkey

Science editor: Ruo-Yu Ma

Date sent for review: 2018-08-24

Date reviewed: 2018-08-30

Review time: 6 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Case presentation section is quite long. I think it should be shortened. The authors wrote the discussion section very long, but they did not comment on the tables. I think a paragraph should be prepared for the results of the table presented by 33 patients.



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Unnecessary information about the pathogenesis of lymphoma should be removed from the discussion section.

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Name of journal: World Journal of Clinical Cases

Manuscript NO: 40422

Title: Natural-killer/T-cell lymphoma with concomitant syndrome of inappropriate antidiuretic hormone secretion: A case report and review of literature

Reviewer's code: 00123524

Reviewer's country: Brazil

Science editor: Ruo-Yu Ma

Date sent for review: 2018-08-24

Date reviewed: 2018-09-02

Review time: 9 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

#1. The abstract does not inform readers about the clinical picture that made SIADH a likely diagnosis or the time frame of the clinical events that led to the patient's demise.

#2. I could find at least one case report of SIADH caused by NK lymphoma:

<http://en.tumorsci.org/index.php/tumor/article/view/1427> #3. The authors should consider the possibility that the limited number of case reports of SIADH in patients with lymphoma is due to the fact that it is already widely known and described in textbooks that lymphomas are a cause of SIADH. Therefore there would be little interest in publishing case reports of already known phenomena. #3. "One year prior, she had traveled to Europe and ate local food including sausage and fish". I don't see how that information could be relevant for the current case report whose purported novelty relates to an unusual cause of SIADH. #4. The authors should report the size and consistency of the lymph node that was palpated below the left jaw of the patient because large lymph nodes are known to be associated with increased cancer risk. #5. I don't understand why the authors performed a PET scan and so many other tests before proceeding with the biopsy of the enlarged submandibular lymph node that was identified during physical examination early on. That biopsy would be the most obvious approach in a patient with fever of unexplained origin and an easily accessible large lymph node. #6. The patient was treated with vinorelbine, a vinca alkaloid known to be a cause of SIADH. Because the patient's hyponatremia was closely associated in time with the administration of that drug, wouldn't it be more likely attributed to it than to the patient's lymphoma? In the discussion section the authors state that SIADH was discovered before she received chemotherapy, however that sentence is in clear disagreement with the information reported that described the occurrence of hyponatremia after chemotherapy on day 10. #7. It seems that the clinical management of the severe episode of hyponatremia was poor. If patients with severe hyponatremia and decreased level of consciousness are not hypovolemic, they should receive hypertonic (3%) saline aimed at increasing sodium levels within the next few hours but not exceeding 10 mEq/L increase in 24h. It makes no sense to give a patient with decreased level of consciousness oral salt capsules in face of such severe

hyponatremia not only because the patient is at risk of aspiration but because it could compromise the control over the rate of correction of hyponatremia. The level of consciousness of patients improve dramatically with increases between 3 and 7 mEq/L of sodium and faster rates of correction of the hyponatremia may incur in osmotic demyelination, a life-threatening complication. The very limited information provided by the authors, stating that after 2 days, the patient's sodium level "gradually" increased to 126.5mmol/L is not enough for readers to be reassured that the patient's hyponatremia was managed correctly. #8. P.8 "... whether hyponatremia was recurrent could not be determined". That sentence suggests that the patient's sodium level was not followed up during hospitalization after an episode of severe hyponatremia, which is very worrisome.

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