

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 54779

**Title:** Multifocal neuroendocrine cell hyperplasia accompanied by tumorlet formation, and pulmonary sclerosing pneumocytoma

**Reviewer's code:** 00608223

**Position:** Peer Reviewer

**Academic degree:** BM BCh, MD, MRCP, PhD

**Professional title:** Doctor, Reader (Associate Professor)

**Reviewer's Country/Territory:** United Kingdom

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-02-18

**Reviewer chosen by:** Jin-Lei Wang

**Reviewer accepted review:** 2020-06-17 11:17

**Reviewer performed review:** 2020-06-17 16:49

**Review time:** 5 Hours

|                                 |   |
|---------------------------------|---|
| <b>Scientific quality</b>       | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good<br><input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish            |
| <b>Language quality</b>         | <input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing<br><input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| <b>Conclusion</b>               | <input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority)<br><input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection             |
| <b>Re-review</b>                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| <b>Peer-reviewer statements</b> | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous<br>Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |



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## **SPECIFIC COMMENTS TO AUTHORS**

This case report describes unusual histologic findings in a resected lobe from a patient with bronchiectasis and haemoptysis. It is clearly presented and the novel features are outlined in the text, as is the clinical significance of the various pathological findings. It is limited by a failure to present the clinical consequence for patient pathways - when might resection be appropriate? What follow up could be done to avoid resection in this population, since this is pre-malignant and thus risks of resection may wish to be avoided - this could be added to the discussion. Generally speaking the clinical work up was appropriate and the English in the manuscript itself is of reasonable quality. Further specific comments per guidance to reviewers are below. The title reflects the main subject of the manuscript, as does the abstract, though the quality of the English in the abstract was perhaps not as good as the rest of the manuscript. The keywords were generally appropriate, though I would favour adding bronchiectasis, since the development of the condition presented appears to be more likely in people with this condition. The manuscript adequately describe the background to the case, and its relevance as a case report. The work up of the patient was generally well described, however I would like to know more about the volume of the haemoptysis to understand whether resection would have been warranted from the symptoms, and would also be interested to know if radiological embolisation was considered as a treatment for large volume haemoptysis (if indeed volume of blood is what triggered surgery). Multiple nodules and atelectasis would not generally be considered a reason to resect in my country, and we would usually watch and wait instead, in case the nodules represented infection which might resolve. What radiological features were specific or more worrying with regard to malignancy? This would have been a better reason to resect in our pathways. The main contribution that the study has made for respiratory medicine

is to delineate the spectrum of neuroendocrine cell changes that can occur in such patients, and describe their relevance for the clinical community. The discussion pulls relevant literature together, and in particular states the risk of progression to a malignant tumor. The figures of CT images and histology are clear and helpful. References, CARE statement and ethics are covered appropriately.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 54779

**Title:** Multifocal neuroendocrine cell hyperplasia accompanied by tumorlet formation, and pulmonary sclerosing pneumocytoma

**Reviewer's code:** 02445886

**Position:** Peer Reviewer

**Academic degree:** DSc, PhD

**Professional title:** Chief Doctor

**Reviewer's Country/Territory:** Russia

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-02-18

**Reviewer chosen by:** Jin-Lei Wang

**Reviewer accepted review:** 2020-06-17 15:43

**Reviewer performed review:** 2020-06-30 10:31

**Review time:** 12 Days and 18 Hours

|                                 |   |
|---------------------------------|---|
| <b>Scientific quality</b>       | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good<br><input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish            |
| <b>Language quality</b>         | <input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing<br><input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| <b>Conclusion</b>               | <input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority)<br><input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection             |
| <b>Re-review</b>                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Peer-reviewer statements</b> | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous<br>Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |



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#### **SPECIFIC COMMENTS TO AUTHORS**

This paper reports a rare clinical case of bronchiectasis with comorbid multifocal NEC hyperplasia, tumorlet, and PSP. The patient was followed up after undergoing CT imaging and received surgical resection. The title is in accordance with the main subject/hypothesis of the manuscript, and the abstract and the key words reflect the main results of the article. The manuscript clearly explains methods in adequate detail. I suggest to accept the manuscript with no specific comments.