



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 53998

Title: Therapy-related acute promyelocytic leukemia with FLT3-ITD mutation in solitary bone plasmacytoma: A case report

Reviewer's code: 01021289

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2020-01-17

Reviewer chosen by: Xiao-Quan Yu

Reviewer accepted review: 2020-07-20 08:26

Reviewer performed review: 2020-07-22 01:41

Review time: 1 Day and 17 Hours

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 Grade E: Do not publish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



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SPECIFIC COMMENTS TO AUTHORS

This manuscript describes a case with acute promyelocytic leukemia with FLT3-ITD mutation that developed after a treatment for solitary bone plasmacytoma, a condition that has never been reported. However, it is not proven if APL with FLT3-ITD in this case was definitely related with therapy for the SBL. 1. It is not proven that APL with FLT3-ITD in this case was indeed developed as a consequence of the therapy for SBL in the past. In other words, APL with FLT3-ITD and the SBL in this case can be just coincidental, which is one of the major limitations of this report. The authors should acknowledge these limitations in the text. Accordingly, the title of this manuscript has to be modified, since it is overstated and misleading. 2. The conclusion of the summary states that “the present study indicated that the FLT3-ITD mutation in t-APL is a risk factor for early death”. However, it is very odd to bring up this statement as a conclusion for this case report. Likewise, the conclusion on pages 7 and 8 has nothing to do with the most important findings of this case presentation. The conclusion must describe the most vital messages based on the findings obtained in the case. 3. The first sentence of the conclusion on page 7 says that “patients with t-APL harboring FLT3 mutations that evolved from SBP are rare and have favorable outcomes”, which made us consider that this condition was reported in the past, even if it is rare. However, this in contrast to the statement on the first sentence of the abstract, which indicated that it was never been reported. Was t-APL with FLT3 mutation that was developed after treatment for SBP ever reported? Please make these statements be consistent. 4. The manuscript states that the FLT3-ITD was identified using NGS (Figure 4); however, the figure 4 demonstrates the results using Sanger sequence, not the NGS.



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Title: Therapy-related acute promyelocytic leukemia with FLT3-ITD mutation in solitary bone plasmacytoma: A case report

Reviewer's code: 03008923

Position: Editorial Board

Academic degree: MD, MSc, PhD, N/A, CCST

Professional title: Doctor, MHSc, Occupational Physician, Postdoc, Research Scientist

Reviewer's Country/Territory: Greece

Author's Country/Territory: China

Manuscript submission date: 2020-01-17

Reviewer chosen by: Xiao-Quan Yu

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Reviewer performed review: 2020-07-26 22:53

Review time: 6 Days and 14 Hours

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



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SPECIFIC COMMENTS TO AUTHORS

I have the following concerns: 1. Usually, a t-AML (t-APL) derives after many years of chemotherapy or radiotherapy and not after one year. A shorter latency cannot be excluded, but this has to be stated in the discussion (that the t-APL is postulated). 2. It could have been an APL from a second clone, not from the same clone of the plasmacytoma, which evolved. This has also to be stated to the discussion, as there is no proof and only speculations can be made. 3. At the presentation of the case (laboratory examinations) it has to be stated that after a year of radiotherapy treatment, the APL diagnosis was made. This is only stated in the abstract and it is not written inside the main text of the paper. 4. Please correct some terms which are not used (for example replace chief complaints with major complaints, page 3 line 18 please add mainly DUE TO hemorrhagic complications, etc) 5. Please correct the references according to the guidelines of the journal. Remove EPUB, remove the small names and write the surnames first in all references. 6. Please include the following reference Moarii M, Papaemmanuil E. Classification and risk assessment in AML: integrating cytogenetics and molecular profiling Hematology Am Soc Hematol Educ Program . 2017 Dec 8;2017(1):37-44. doi: 10.1182/asheducation-2017.1.37. This reference is recent and shows the frequency of FLT3-ITD mutation in AML patients with t(15;17) (page 39). Please state in the discussion that FLT3-ITD is the most frequent mutated gene in t(15;17) AML.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 53998

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Reviewer's code: 01021289

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2020-01-17

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2020-08-24 08:32

Reviewer performed review: 2020-08-24 08:45

Review time: 1 Hour

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

SPECIFIC COMMENTS TO AUTHORS



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This is a revision of the case report describing a therapy acute promyelocytic leukemia (t-APL) harboring with the FLT3-ITD mutation observed after solitary bone plasmacytoma (SBP). The authors have addressed the concerns raised in the original version.