

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Oncology

Ms: 3365

Title: Positron emission tomography/computerized tomography in the evaluation of primary non-Hodgkin's lymphoma of prostate

Reviewer code: 00408724

Science editor: l.l.wen@wjgnet.com

Date sent for review: 2013-04-25 21:23

Date reviewed: 2013-04-26 21:56

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> [Y]Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

1. Why was rituxan not used? 2. PET is routine part of workup for NHL, regardless of location and not a novel concept. 3. A thorough review paper of the entire literature and pt by pt analysis would be more helpful and advance field as opposed to case report.

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Oncology

Ms: 3365

Title: Positron emission tomography/computerized tomography in the evaluation of primary non-Hodgkin's lymphoma of prostate

Reviewer code: 00148365

Science editor: l.l.wen@wjgnet.com

Date sent for review: 2013-04-25 21:23

Date reviewed: 2013-04-28 16:24

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

The authors report an interesting and well documented case of DLBCL primary of the prostate and discuss the value of the PET scan in the diagnosis and follow-up of this uncommon type of lymphoma. Some minor points should be pointed out 1. With regards to the literature review ("about 200 cases reported"), it should be mentioned in the text of the article the method of the literature search, the descriptors used and the period of the literature search. 2. The DLBC lymphoma of the patient expressed CD20. The authors should explain the reason of not combining rituximab with the CHOP schedule. In addition, it would be desirable to know from the literature review if the R-CHOP schedule provides better results than the classic CHOP schedule in patients with primary DLBCL of the prostate 3. The quality of the figure of immunohistochemistry (figure 3B) should be improved.

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Oncology

Ms: 3365

Title: Positron emission tomography/computerized tomography in the evaluation of primary non-Hodgkin's lymphoma of prostate

Reviewer code: 00289712

Science editor: l.l.wen@wjgnet.com

Date sent for review: 2013-04-25 21:23

Date reviewed: 2013-05-17 20:29

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

This manuscript is a case report showing that 18F-fluoro-deoxy glucose (FDG) PET/CT contributed to diagnosis of DLBCL of the prostate as well as response to treatment. Because primary malignant lymphoma of the prostate is very rare and symptoms present as misdiagnosed as benign prostatic hyperplasia or prostatitis, and there is no consensus on management of the disease, new methods contributing to better diagnosis and measuring response to treatment are needed. Data shown include the before and after treatment PE and PET/CT scans of the patient. Of concern is the high level of FDG uptake in the kidneys and heart that is about equal in intensity to the signal shown for the prostate before treatment. In the scans of after treatment, the intensity of the FDG uptake in the whole body PET image in these organs appears similarly decreased making this reviewer wonder how the authors can conclude that this method indicates specificity of prostate disease. Discussion of the similar decrease in metabolic activity in all these organs and why the authors consider the differential decrease prognostic of primary malignant lymphoma of the prostate is justified. In contrast, the PET/CT fusion image shows significant differences in intensity of the signal before and after treatment, suggesting the utility of the fusion method. Also, they should include the combined morphological and immunophenotyping (CD79a) of the prostate tissue after treatment as well to show reduction in the proliferating cells of DLBCL.