



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 26782
Title: Vanishing bile duct syndrome in Hodgkin’s lymphoma: A case report and literature review
Reviewer’s code: 03251862
Reviewer’s country: United States
Science editor: Jing Yu
Date sent for review: 2016-04-26 16:33
Date reviewed: 2016-05-14 19:57

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', etc.

COMMENTS TO AUTHORS

In the manuscript entitled "Vanishing Bile Duct Syndrome in Hodgkin’s Lymphoma: A Case Report and Literature Review", Bakhit et al., report a case and provide a thorough review of the literature. The manuscript is well written; the literature review is comprehensive and highly informative. I only have a few comments: Major point 1: The statement in the abstract “Precise pathophysiology remains unclear with multiple potential triggers of biliary duct apoptosis postulated” should (a) be reworded, and (b) indicates that the paper includes a discussion of the pathophysiological association of Hodgkin’s Lymphoma and VBDS. The authors should consider adding a section in the discussion or remove this sentence. Major point 2: While the paper focuses on the association of VBDS and Hodgkin’s Lymphoma, the Introduction statement: “VBDS has been associated with potential infectious etiologies, ischemia, autoimmune diseases, adverse drug reactions, and humoral factors associated with malignancy” – should be slightly expanded and list a more comprehensive, and grouped, list of etiologies/associations. Minor point: The authors should specify the contents of the “extended genetic panel sequencing” and how this was done (NGS? Sanger? Single-gene?).

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 26782

Title: Vanishing bile duct syndrome in Hodgkin's lymphoma: A case report and literature review

Reviewer's code: 03636431

Reviewer's country: Japan

Science editor: Jing Yu

Date sent for review: 2016-04-26 16:33

Date reviewed: 2016-06-06 13:55

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> 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"/> 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"/> No	

COMMENTS TO AUTHORS

Bakhit et al. report a case of vanishing bile duct syndrome in Hodgkin's lymphoma, and review previous report concisely. Although the manuscript is well written, it needs some minor modifications. Minor point 1: Authors should unify the writing of "Hodgkin's Lymphoma". The word "Hodgkin Lymphoma" exists on line 10 of abstract. Minor point 2: Abstract section, line 11, "a 25 year-old" should be "a 25-year-old". The word also exists on line one of "case presentation" section. Minor point 3: Abstract section, line 13, "this an underlying cause" should be "this underlying cause". Minor point 4: Case presentation section, 3rd paragraph, line 9, "ischemia versus drug/toxin effect versus an entroinvasive infection" seems to be a colloquial expression. It might be better to express as "ischemia, drug/toxin effect, or an entroinvasive infection". Minor point 5: Case presentation section, 5th paragraph, line 4, "stage Iib" should be "stage IIB", if "b" means a presence of B symptoms. If it means a presence of bulky disease, it should be stage IIX or stage II with bulky lesion. And what pathological type was the patient's HL? If possible, please describe the pathological type of HL. Minor point 6: Case presentation section, 6th paragraph, the



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

authors should refer which genes were tested, and how the examination performed. Minor point 7: Discussion section, 4th paragraph, line 10, “mustargen” and “oncovin” are trade names. It should be changed to mechlorethamine and vincristine, respectively. Minor point 8: Discussion section, 5th paragraph, line 11, Although authors described a positive outcomes of rituximab against VBDS caused by HL through immunological effect, the recovered liver function of a patient in reference No.48 doesn’t seem to be an effect of rituximab (It seems to be an result of remission of HL). Minor point 9: Discussion section, 5th paragraph, line 4-5, what does “cholestasis secondary to VBDS is this most common presenting symptom HL” mean? I could not understand. Minor point 10: Table 1, reports of Gagnon (2013, ref No.18), Foramiti (2013, ref No.17), and Gill (2010, ref No.19) are not cases of HL. They are cases of non-Hodgkin lymphoma. Minor point 11: Table 1, what does “IC” stand for? May be Idiopathic cholestasis? Authors should use an abbreviation after spelling out.