

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 80839

Title: Intestinal natural killer/T-cell lymphoma presenting as a pancreatic head space-occupying lesion: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06139976

Position: Peer Reviewer

Academic degree: Doctor, MD

Professional title: Doctor, Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-10-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-21 11:14

Reviewer performed review: 2022-10-22 00:23

Review time: 13 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 Grade E: Do not publish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 checked="" type="checkbox"/> Minor revision <input 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 is an excellent case report on Intestinal NKTCL. The case presentation and discussion are generally well described. I would like to make a few recommendations to improve this case report.

1. Differential diagnosis The author describes how protein-losing enteropathy and various infections were suspected as the patient's diagnosis. Have the following three diseases with anaemia, abdominal pain, diarrhoea and weight loss also been considered? The first is pellagra. The patient had a history of heavy alcohol consumption and may not have had good nutritional status. Did the patient have a niacin deficiency? Second, lead poisoning. At the time of the initial examination, was it checked, for example, whether the patient worked with lead-acid batteries? Third, porphyria. Although this disease is relatively rare, it should be considered in the differential of patients with unexplained gastrointestinal symptoms.
2. Treatment. The author describes that the patient eventually died due to rapid leukaemia. What could have caused the patient's rapid leukaemia? And was the patient treated with G-CSF preparations such as naltogristim?
3. Palliative care The authors indicate that Intestinal NKTCL is a disease with a poor prognosis. Has appropriate palliative care been provided for the patient and his family?

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Reviewer's code: 05238069

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Reviewer_Country

Author's Country/Territory: China

Manuscript submission date: 2022-10-20

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Reviewer accepted review: 2022-10-23 01:49

Reviewer performed review: 2022-10-28 09:30

Review time: 5 Days and 7 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No
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SPECIFIC COMMENTS TO AUTHORS

The authors described the value of EUS-FNB with 19 G or 22 G biopsy needle, combined with MFCI in diagnosing intestinal natural Killer/T cell lymphoma in detail, which could provide a new view in the clinical practice. The authors conveyed that the combination of EUS-FNB and MFCI was crucial for early diagnosis. However the patients are usually in late stage when they are referred to hospital. We acknowledge the significance of EUS-FNB and MFCI, but it is not one early diagnosis method and it can't provide assistance for early diagnosis. In addition, some errors need to be corrected listed in the comments.

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Position: Peer Reviewer

Academic degree: MD

Professional title: Consultant Physician-Scientist

Reviewer's Country/Territory: Indonesia

Author's Country/Territory: China

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Review time: 11 Days and 13 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
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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

1 Title. While the location of the lesion is in proximity to the head of pancreas, the clinical findings and previous imaging approaches to establish the diagnosis of head of pancreas mass are inconclusive. I may find the statement 'mimicking pancreatic cancer' is a bit exaggerating. 2 Abstract. The presented information in abstract, especially in the case summary, is a bit too redundant. 3 Key words. Key words are appropriate. 4 Background. While NKTCL may occur in any segment of intestinal tract, its distinct location at periampullary, of which leading the clinicians to the 'mimicking head of pancreas mass', should also be addressed. 5 Case presentation. The previous CT finding of 'edema and thickening of the small bowel wall', without mentioning any enlarging mass at the head of pancreas and or dilation of the biliary tree or pancreatic duct, may, at least, provide a clue of otherwise head of pancreas masses, in addition to irrelevant clinical and laboratory findings. While the most current work up diagnostic approaches were more convincing, as the disease seemed progressing. 6 Discussion. I compliment the authors for providing the complete diagnostic work up before the diagnosis of NKCTL was made. I got an impression of the highlight of the diagnostic work up, from inconclusive yet leading to diagnosis of CT and MR imaging, PET-CT, and EUS, tissue sample retrieval by endoscopic US and FNB, to histopathology and IHC of which eventually leading to the diagnosis of NKCTL. Despite the eventually mortal prognosis of the disease in general, the earlier manifestation of the disease should raise a concern. From the information presented by the authors, I may find a sense of delayed definitive diagnostic work up, and thus, disease treatment. I think the choice of chemotherapy should also be discussed. 7 Illustrations and tables. I found the



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numbering of images is not in order and confusing, without any corresponding captions available. 8 Units. Please correct the typo on the size unit (mm instead of cm).