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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 54312

Title: Angioimmunoblastic T-cell lymphoma accompanied by pure red cell aplasia: A case report

Reviewer's code: 03548820
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Doctor, Senior Scientist
Reviewer's Country/Territory: Russia
Author's Country/Territory: Japan

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Reviewer accepted review: 2020-01-20 06:49
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Review time: 5 Days and 7 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish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

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SPECIFIC COMMENTS TO AUTHORS

The article presents an interesting case of AITL accompanied by PRCA. However, significant revision is required: 1) in the laboratory examination section, MCV was 92.7fL (line 34), while the anemia was named microcytic (line 33). 2) in the Discussion section, a positive direct Coombs test in the patient is noted (line 53), but not mentioned in the laboratory examination section; 3) some sentences and even paragraphs are duplicated: for example, lines 100-105 and 129-133; 4) according to the authors, only 8 cases of the AITL and PRCA combination are described in the literature. It is necessary to compile a table with the characteristics of the described cases and this case, to enrich the Discussion section; 5) considering the hemoglobin abrupt decrease during hospitalization, requirement of "almost every day" transfusion, and positive direct Coombs test, an autoimmune hemolytic anemia complicating the AITL course should be excluded. It is necessary to provide data in the laboratory examination section on the level of lactate dehydrogenase; 6) given the presence of palpable purpura, it is necessary to provide data on the complement C3 and C4 component, gamma-globulins level, and cryoglobulinemia; 7) it is necessary to describe in more detail the histological picture of the lymph node; micrographs are also desirable; 8) was the immunohistochemical study performed using antibodies to CXCL13 (the marker most specific for the immunohistochemical characterization of AITL), PD1 (CD279), BCL6, and ICOS? Although the minimum criteria for assessing the TFH-cell phenotype have not been established, it is desirable to test two (and preferably three) TFH-cell markers besides CD4. Immunohistochemical micrographs would also beautify the article; 9) PRCA was established based on the criteria (used not only in Japan). However, the article does not contain any data on the conduct of appropriate virologic studies in the bone marrow. First, data are needed on the presence of parvovirus B19 in erythroid

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progenitors. Patients with AITL exhibit an immunodeficiency secondary to the neoplastic process, which can theoretically lead to persistence of parvovirus B19 and result in PRCA. In addition, data are desired on the presence of EBV, CMV and HIV in the patient; 10) there is a clear error in the treatment section (line 111). The CHOP course was conducted not “three times a week”, but once every three weeks. It would be interesting to discuss the choice of therapy in the Discussion. Why was the patient not prescribed cyclosporine A in this situation?

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Name of journal: World Journal of Clinical Oncology

Manuscript NO: 54312

Title: Angioimmunoblastic T-cell lymphoma accompanied by pure red cell aplasia: A case report

Reviewer's code: 00731613
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Associate Professor
Reviewer's Country/Territory: India
Author's Country/Territory: Japan

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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
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SPECIFIC COMMENTS TO AUTHORS

1. It is advisable to add a photomicrograph of the lymph node biopsy findings. 2. Were any imaging techniques employed for examination of lymph nodes? 3. Please mention the follow-up status of the patient, if available 4. Discuss the management protocol of patients with AITL alone as well aas those with AITL and PRCA?