

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 14536

Title: Tumor lysis syndrome: A clinical review

Reviewer's code: 00502903

Reviewer's country: United States

Science editor: Yue-Li Tian

Date sent for review: 2014-10-10 19:17

Date reviewed: 2014-10-22 04:23

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed 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"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors provide a clinical review of tumor lysis syndrome. There are a number of problems with this manuscript. Most notably, because of the depth and breadth of literature and experience regarding tumor lysis syndrome, the authors would be encouraged to base their statements as much as possible on evidence and consensus, rather than their individual or individual institutional practice. 1. To clarify, the statements prefaced by "in our practice," "we typically," and "we do [not] recommend" should be replaced by more neutral and evidence or consensus-based statements (p.5, first partial paragraph and 2nd full paragraph; p.6, 2nd full paragraph under Prevention; p.7, 2nd full paragraph; p.7, 4th full paragraph; p.8, 1st full paragraph; p.9, 1st partial paragraph). 2. Similarly, the statement regarding use of febuxostat for TLS should be worded with much greater caution, as the use of febuxostat for this indication is almost entirely unstudied. The content regarding allopurinol is quite deficient. 3. No mechanism of action is identified for allopurinol. 4. The dosing recommendation (p.6, "The recommended dose of allopurinol is up to 800 mg a day or 100 mg per square meter") is unclear and should include the word "enterally" or "orally." 5. A figure would be very helpful to help the reader understand the different mechanisms of action of allopurinol and

rasburicase. Most clinical reviews of this topic include such a figure. 6. p.9, last full paragraph. The toxicity of allopurinol should be corrected to indicate xanthine and xanthine stones, not allantoin. Grammatical and language errors are too numerous to list individually. Would the authors please re-read this manuscript thoroughly and correct errors of capitalization, missing words, and ambiguous sentence construction. The rasburicase discussion for the most part is well-written. 7. p.7, 2nd full paragraph: Please include the micromol/L threshold for baseline uric acid level adjacent to 7.5 mg/dL (446 micromol/L). 8. p.7, 2nd full paragraph: The dose of rasburicase should be clarified as 0.2 mg/kg daily. 9. p.7, 3rd full paragraph: Would it be more accurate to say that the suggested dose of 0.15 mg/kg is for patients with intermediate risk and whose baseline uric acid level is ≤ 7.5 mg/dL? 10. p.7, 4th full paragraph: Pregnancy and lactation should not be included in the same sentence as G6PD deficiency. Rasburicase is pregnancy category C. Excretion into breast milk is unknown. On the other hand, G6PD is a physiologically based contraindication. Tables 11. Table 1: Please present the threshold values in a consistent order. Specifically, phosphorus should be presented as mg/dL followed by mmol/L. 12. Table 2: Please define the abbreviations. Specifically, HF and ADL. 13. Table 2: Creatinine and cardiac arrhythmias should be qualified to say that the changes are not probably attributable to a therapeutic agent. 14. Table 2: A qualification regarding threshold values should be made for institutions that have not established an upper limit of normal.

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		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a review on tumor lysis syndrome. It is well written, I have made several suggestions and corrections in the attached file.