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PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

Manuscript NO: 41060

Title: Intensive care unit complications and outcomes of adult patients with Hemophagocytic Lymphohistiocytosis- A retrospective study of 16 cases

Reviewer’s code: 04334222

Reviewer’s country: Italy

Science editor: Ying Dou

Date sent for review: 2018-09-12

Date reviewed: 2018-09-12

Review time: 15 Hours

| SCIENTIFIC QUALITY | LANGUAGE QUALITY | CONCLUSION | PEER-REVIEWER STATEMENTS |
|--|--|--|---|
| <input type="checkbox"/> Grade A: Excellent | <input checked="" type="checkbox"/> Grade A: Priority publishing | <input type="checkbox"/> Accept | Peer-Review: |
| <input checked="" type="checkbox"/> Grade B: Very good | <input type="checkbox"/> Grade B: Minor language polishing | (High priority) | <input checked="" type="checkbox"/> Anonymous |
| <input type="checkbox"/> Grade C: Good | | <input checked="" type="checkbox"/> Accept | <input type="checkbox"/> Onymous |
| <input type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade C: A great deal of language polishing | (General priority) | Peer-reviewer’s expertise on the topic of the manuscript: |
| <input type="checkbox"/> Grade E: Do not publish | <input type="checkbox"/> Grade D: Rejection | <input type="checkbox"/> Minor revision | <input checked="" type="checkbox"/> Advanced |
| | | <input type="checkbox"/> Major revision | <input type="checkbox"/> General |
| | | <input type="checkbox"/> Rejection | <input type="checkbox"/> No expertise |
| | | | Conflicts-of-Interest: |
| | | | <input type="checkbox"/> Yes |
| | | | <input checked="" type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

The major importance of this study is that the HLH population comes from medical ICUs of general medical-surgical hospital and not specialized hematology/oncologic centers, thereby mimicking setup of most of the adult North American ICUs. The major



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limitations of this study are single center population, retrospective design and relatively small sample size. This retrospective study reported data over 4 years whereas previous ICU studies reported data over 10-12 years, thereby explaining our small sample size.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
- Plagiarism
- No

BPG Search:

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- Duplicate publication
- Plagiarism
- No



PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

Manuscript NO: 41060

Title: Intensive care unit complications and outcomes of adult patients with Hemophagocytic Lymphohistiocytosis- A retrospective study of 16 cases

Reviewer’s code: 00502903

Reviewer’s country: United States

Science editor: Ying Dou

Date sent for review: 2018-09-12

Date reviewed: 2018-09-13

Review time: 1 Day

| SCIENTIFIC QUALITY | LANGUAGE QUALITY | CONCLUSION | PEER-REVIEWER STATEMENTS |
|---|--|--|---|
| <input type="checkbox"/> Grade A: Excellent | <input checked="" type="checkbox"/> Grade A: Priority publishing | <input type="checkbox"/> Accept | Peer-Review: |
| <input type="checkbox"/> Grade B: Very good | <input type="checkbox"/> Grade B: Minor language polishing | (High priority) | <input checked="" type="checkbox"/> Anonymous |
| <input checked="" type="checkbox"/> Grade C: Good | | <input type="checkbox"/> Accept | <input type="checkbox"/> Onymous |
| <input type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade C: A great deal of language polishing | (General priority) | Peer-reviewer’s expertise on the topic of the manuscript: |
| <input type="checkbox"/> Grade E: Do not publish | <input type="checkbox"/> Grade D: Rejection | <input checked="" type="checkbox"/> Minor revision | <input type="checkbox"/> Advanced |
| | | <input type="checkbox"/> Major revision | <input checked="" type="checkbox"/> General |
| | | <input type="checkbox"/> Rejection | <input type="checkbox"/> No expertise |
| | | | Conflicts-of-Interest: |
| | | | <input type="checkbox"/> Yes |
| | | | <input checked="" type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

The presented manuscript is a very interesting descriptive case series of hemophagocytic lymphohistiocytosis. This will add to our growing knowledge of this rare but important clinical syndrome that can cause critical illness and lead to death. The Background is a



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well written presentation of the need for and purpose of this study. The Methods are adequate. The Results section could be better organized into paragraphs by demographics, clinical presentation, diagnosis, and outcomes. A summary of how the diagnosis was established in each case would be helpful - i.e., what combinations or patterns of HLH-2004 criteria. A description of treatment and management was notably lacking. Another major limitation of this study is the lack of clarity on whether the described outcomes occurred before or after chemotherapy. The Discussion is excessively long and meandering. Rather than summarizing the literature in detail and recapping the numerical results, comments might instead focus on how the current study fits into the literature - what new knowledge was gained, how this study supports or differs from others, and what scientific conclusions (if any) can be drawn from the data. The Conclusions are overly prescriptive and would be more appropriately limited to general observations made in the Results.

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Name of journal: World Journal of Critical Care Medicine

Manuscript NO: 41060

Title: Intensive care unit complications and outcomes of adult patients with Hemophagocytic Lymphohistiocytosis- A retrospective study of 16 cases

Reviewer’s code: 03342506

Reviewer’s country: United States

Science editor: Ying Dou

Date sent for review: 2018-09-12

Date reviewed: 2018-09-17

Review time: 5 Days

| SCIENTIFIC QUALITY | LANGUAGE QUALITY | CONCLUSION | PEER-REVIEWER STATEMENTS |
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| <input type="checkbox"/> Grade B: Very good | <input type="checkbox"/> Grade B: Minor language | (High priority) | <input checked="" type="checkbox"/> Anonymous |
| <input checked="" type="checkbox"/> Grade C: Good | polishing | <input type="checkbox"/> Accept | <input type="checkbox"/> Onymous |
| <input type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade C: A great deal of | (General priority) | Peer-reviewer’s expertise on the |
| <input type="checkbox"/> Grade E: Do not | language polishing | <input checked="" type="checkbox"/> Minor revision | topic of the manuscript: |
| publish | <input type="checkbox"/> Grade D: Rejection | <input type="checkbox"/> Major revision | <input type="checkbox"/> Advanced |
| | | <input type="checkbox"/> Rejection | <input checked="" type="checkbox"/> General |
| | | | <input type="checkbox"/> No expertise |
| | | | Conflicts-of-Interest: |
| | | | <input type="checkbox"/> Yes |
| | | | <input checked="" type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

The manuscript is well written, authors retrospectively examine the ICU management, complications and outcomes of 16 adult ICU patients with hemophagocytic lymphohistiocytosis (HLH), a rare but important complication of certain malignancies



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and infectious diseases. The methodology (Case Series) is appropriate and the results are well described and relevant. Study has some limitations and lack of generalizability due to relatively small sample size and single ICU location. The following points should be considered to improve the manuscript. I suggest to revise the conclusion part of manuscript. Recommendations needs to be moved from conclusion to discussion, and conclusion should better reflect the results of this particular study. Also, please clarify if the diagnosis of HLH was established before ICU admission or during the ICU stay. That is not clear from the text (“study of adult patients with the diagnosis of HLH admitted to the two academical medical ICUs” and from Table 1 (Time from hospital to ICU admission is 0.5 (0-7) days and time to diagnose HLH Is 3 (1-7) days). Minor comments: - The abbreviation “DIC” is mentioned in the abstract without explanation. - The number of references to some statements looks excessive. For the phrase “Multiple studies have investigated morbidity, mortality and predictors of poor outcomes in patients with HLH but very few have been conducted in an ICU setting” in the Discussion part 21 references used (7-27).

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BPG Search:

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[] Plagiarism

[Y] No



PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

Manuscript NO: 41060

Title: Intensive care unit complications and outcomes of adult patients with Hemophagocytic Lymphohistiocytosis- A retrospective study of 16 cases

Reviewer’s code: 02730715

Reviewer’s country: China

Science editor: Ying Dou

Date sent for review: 2018-09-12

Date reviewed: 2018-09-17

Review time: 5 Days

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| <input type="checkbox"/> Grade E: Do not | language polishing | <input type="checkbox"/> Minor revision | topic of the manuscript: |
| publish | <input type="checkbox"/> Grade D: Rejection | <input type="checkbox"/> Major revision | <input checked="" type="checkbox"/> Advanced |
| | | <input type="checkbox"/> Rejection | <input type="checkbox"/> General |
| | | | <input type="checkbox"/> No expertise |
| | | | Conflicts-of-Interest: |
| | | | <input type="checkbox"/> Yes |
| | | | <input checked="" type="checkbox"/> No |

SPECIFIC COMMENTS TO AUTHORS

The conclusions are a little overstated. For example, the study just show sixteen adult cases of HLH even Hemophagocytic Lymphohistiocytosis (HLH) is a rare fatal syndrome. The research will be better if more patients were admitted.



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