

Date: 2024-01-22

Dear editor and researchers,

Subject: Submission of the revised manuscript entitled "Rare Case Study of Primary Pancreatic Peripheral T-Cell Lymphoma: A case report and review of the literature" (Manuscript NO.: 91541, Case Report).

We thank the editor and reviewers for their constructive comments. We have followed the instructions of the comments and revised the manuscript accordingly. Our responses are given in a point-by-point manner below. The editor and reviewer comments are laid out below in italicized font and specific concerns have been numbered. Our response is given in normal font and changes/additions to the manuscript are given with highlighted yellow color in the revised manuscript. At the same time, we provide a revised version of the manuscript and a letter of point-by-point responses to the reviewers and editor where we have modified the text.

We hope our answers to the reviewers' questions are addressed well, and we appreciate your fullest consideration. We hope the revised version is now suitable for publication and look forward to hearing from you.

Sincerely,

Ming-Yue Shi,

Department of Hematology,

Zhengzhou University People's Hospital and Henan Provincial People's Hospital, Henan,

People's Republic of China, No.7 Weiwu Road, Jinshui District, Zhengzhou City, Henan Province.

Tel: 17839931733

Fax: 0379-65580798

E-mail: shimingyue16@gmail.com

Round 1:

Thank you for your letter dated January 13. We were pleased to know that our work was rated as potentially acceptable for publication in the *World Journal of Gastrointestinal Oncology*, subject to adequate revision. We thank the reviewers for the time and effort and improve the quality of our papers according to your requirements and submit our revisions within no more than 14 days.

Reviewer #1:

Specific Comments to Authors:

A rare case of primary pancreatic lymphoma with biopsy proven diagnosis and having a poor prognosis. Though the case is exciting and the authors have highlighted the rarity well. It needs revision with addition of relevant details as mentioned in the uploaded file. Case reporting needs a flow of details instead of abrupt findings.

Response:

We feel great thanks for your professional review work on our article. As you are concerned, several details need to be improved. these detailed corrections are listed below.

P4, Line 5, as suggested by the reviewer, we have added some words in the part of the history of past illness. The modified manuscript is as follows:

There is no special abnormality in the patient's past medical history.

P5, Line 4-5, we have added as follows: combining the patient's medical history, physical examination, imaging studies, and pathological biopsy.

P12, Line 4-9, we have added a specific description of the picture. These details are as follows:

By using the characteristics of the tumor, the imaging agent 18F-FDG was injected into the human body, and the imaging agent was accumulated in the lesion, so that a low-density mass of 5.1 cm × 4.1 cm could be seen in the head of the pancreas, about SUV20.3. A and C: High uptake of 18F-FDG in the head of the pancreas. B: Anatomical images of the head of the pancreas at CT level. D: Functional images of pancreatic head at PET level.

Reviewer #2:

Specific Comments to Authors:

The study concerns a rare case of a patient with Pancreatic Peripheral T-cell Lymphoma, NOS whose diagnostic documentation and differential diagnosis are judged to be sufficient. The study can be published after first correcting some editorial errors scattered in the text (e.g. part TREATMENT: "...she underwent enterorrgraphy, Instead of enterography, the legend of figure 3, etc.

Response:

Thanks for your careful checks. We are sorry for our carelessness. Based on

your comments, we have made the corrections to make the word harmonized within the whole manuscript.

P1, Line 34, we have corrected the “agree” into “agreed”.

P4, Line 25 and P5 Line 43, we have changed “colour” to “color”.

P5, Line 35, we have changed “enterorrhaph” to “gastroenterography”.

P6, Line 6, involve has been changed to involves.

P13, the legend of figure 3 is changed to Histopathological examination by hematoxylin-eosin staining.

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Response:

We tried our best to improve the manuscript and made some changes to the manuscript. These changes will not influence the content and framework of the paper. And here we did not list the changes but marked them in red in the revised paper. In addition, we obtained AJE 's A-level language editing certificate, which will be uploaded to the accompanying documents via the F6Publishing system. We appreciate the editors'/Reviewers' hard work and hope that the corrections will meet with approval.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

(1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.

Response:

We have changed the title of the paper to Rare Case Study of Primary Pancreatic Peripheral T-Cell Lymphoma: A case report and review of the literature in the revised manuscript.

(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

Response:

The title of the competition in our revised manuscript is rare case of pancreatic lymphoma, which is no more than 6 words.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori).

Response:

Thank you for your guidance and requirements. We have ensured that all abbreviations used in the abstract are defined upon their first appearance to enhance readers' comprehension. To be specific, we have followed your examples and provided complete definitions for all abbreviations mentioned in the abstract. Below are a few details from our revised abstract in blue color:

P2, Line 16-17, Positron emission tomography-computed tomography (PET-CT)

P2, Line 18-19, endoscopic ultrasonography-guided fine needle aspiration (EUS-FNA)

(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.

Response:

After our careful examination, there are no abbreviations in the keywords.

(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

Response:

We have made the necessary revisions to our abstract as per your request, ensuring that the document now complies with your specified guidelines regarding the definition of abbreviations upon their first appearance. To illustrate, we have included examples from our revised abstract: EUS-FNA has been modified to Endoscopic ultrasonography-guided fine needle aspiration (EUS-FNA) in the part of Core Tip and highlighted with blue color.

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

Response:

P3, Line 5, NHLs have been changed to Non-Hodgkin Lymphomas (NHLs).

P3, Line 9-10, PTCL-NOS have been revised peripheral T-cell lymphoma, NOS (PTCL-NOS).

P3, Line 19-20, PPL has been modified to Primary pancreatic lymphoma (PPL).

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC).

Response:

Our manuscript is a Case Report. According to magazine requirements, the “Article Highlights” section is not required.

(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

Response:

Following the request, we have made the necessary revisions to the figure titles, ensuring that abbreviations are not used, and definitions are provided upon their initial appearance in the text. These changes have been highlighted in yellow within the manuscript for your convenience. We highly value your input, and we believe that these modifications will enhance the clarity and readability of the manuscript.

(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

Response:

P13, Line 9-10, We change the title of Figure 3 to Histopathological examination by hematoxylin-eosin staining (×10).

6 EDITORIAL OFFICE’S COMMENTS

Authors must revise the manuscript according to the Editorial Office’s comments and suggestions, which are listed below:

(1) Science editor:

1 Conflict of interest statement: *Academic Editor has no conflict of interest.*

Response:

Thank you very much for your response and review. We are delighted to

learn that no conflicts of interest have been identified in the academic editing of our paper. This is crucial for the integrity and credibility of our research. We truly value the time, effort, and consideration you and your group have put into evaluating our work. To guarantee that the academic and scientific quality of our paper is optimized, we will attentively evaluate your input. Once again, thank you for your support and review.

2 Scientific quality: *The author submitted a study of primary pancreatic peripheral T-cell lymphoma, not otherwise specified. The manuscript is overall qualified.*

(1) Advantages and disadvantages: The reviewer have given positive peer-review reports for the manuscript. Classification: Grade C and Grade C; Language Quality: Grade B and Grade B. The study concerns a rare case of a patient with Pancreatic Peripheral T-cell Lymphoma, NOS whose diagnostic documentation and differential diagnosis are judged to be sufficient. It needs revision with addition of relevant details as mentioned in the uploaded file.

Response:

We would like to express our gratitude for your review and valuable feedback on our manuscript. We greatly appreciate the positive editor and peer-review reports you provided, as well as the ratings for manuscript classification and language quality. Your evaluation and acknowledgment are of utmost importance to us. However, we also acknowledge that there may be some shortcomings in the manuscript. We will indeed carefully consider amendments and make every effort to revise the manuscript to enhance its quality and accuracy.

(2) Main manuscript content: The author clearly stated the purpose of the study and the research structure is complete. However, the manuscript is still required a further revision according to the detailed comments listed below.

Response:

We highly value your feedback on the grammar and formatting aspects of our paper. Indeed, we acknowledge that there is room for improvement in these areas throughout the manuscript. Under your recommendations, We have taken measures by commissioning one of the professional English language editing companies you recommended, AJE, to polish our paper's English language. We have also obtained their certificate for English language editing. This measure is aimed at ensuring that our paper meets the high standards of the English language required by your journal.

(3) Table(s) and figure(s): There are 3 Figures and 1 Table should be improved. Detailed suggestions for each are listed in the specific comments section.

Response:

We have modified the pictures and tables according to the specific opinions, and the specific content is reflected in the following specific opinions.

(4) References: A total of 21 references are cited, including 6 published in the last 3 years. The reviewer didn't request the authors to cite improper references published by him/herself.

Response:

We greatly appreciate your attention to the citation issue. In accordance with the feedback from our company's editor-in-chief, we have added the latest references related to primary pancreatic lymphoma. Additionally, we have ensured that all the cited references are relevant and appropriate to the research content. We will make the necessary revisions promptly. Thank you once again for your professional insights.

3 Language evaluation: The English-language grammatical presentation needs to be improved to a certain extent. There are many errors in grammar and format, throughout the entire manuscript. Before final acceptance, the authors must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

Response:

Thanks for your suggestion. In order to avoid many errors in grammar and format, throughout the entire manuscript. We obtain the English Language Certificate issued by AJE, a professional English language editing company you recommend. We hope the revised manuscript will be acceptable to you.

4 Specific comments:

(1) Please provide the filled conflict-of-interest disclosure form.

Response:

We have completed the conflict of interest disclosure form as requested and will upload it as per the steps provided below in the accompanying text.

(2) Please provide the Figures cited in the original manuscript in the form of PPT. All text can be edited, including A, B, arrows, etc. With respect to the reference to the Figure, please verify if it is an original image created for the manuscript, if not, please provide the source of the picture and the proof that the Figure has been authorized by the previous publisher or copyright owner to allow it to be redistributed. All legends are incorrectly formatted and require a general title and explanation for each figure. Such as Figure 1 title. A: ; B: ; C: .

Response:

We appreciate your feedback and guidance on improving our manuscript. We have carefully reviewed your suggestions, and we are committed to addressing all the issues raised by the editorial department. In response to your comments, we will revise the figures in the manuscript as follows:

Figure Formatting: We will provide the figures in the form of a PowerPoint (PPT) presentation, as requested. All text, including labels, is editable to ensure complete flexibility for adjustments.

Figure Sources: Each figure is an original image created specifically for the manuscript. Furthermore, we will strictly adhere to copyright regulations.

Legend Formatting: We have edited the legends for each figure, ensuring that they include a general title and a clear explanation for each component.

(3) *Please upload the approved grant application form(s) or funding agency copy of any approval document(s).*

Response:

This study was partially supported by the National Natural Science Foundation of China (No. 81971508, No. 81471589 and No. 81273259), the Health Bureau of Henan Province, P.R. China (No. LHGJ20190579, No. LHGJ20230023, No. 222102310101, No. 212102310205, No. JQRC2023014, and No. LHGJ20230016).

(4) *Title: Abbreviations other than special types of words such as COVID-19 and SARS-CoV-2 are not allowed in the article title. The title should be no more than 18 words.*

Response:

To ensure they are within 18 words and do not contain abbreviations, we have changed the titles to Rare Case Study of Primary Pancreatic Peripheral T-Cell Lymphoma: A case report and review of the literature,

5 Recommendation: *Transfer to other BPG journals (World Journal of Gastrointestinal Oncology).*

Response:

I hope this message finds you well. We appreciate your interest in our submitted manuscript and hold in high regard the professionalism and reputation of your journal. Our decision to transfer to the *World Journal of Gastrointestinal Oncology* is based on our belief that the journal is more suitable for the publication of our research results. We are grateful for the review process at BPG and the hard work of your team, recognizing the valuable contributions you make to the field of scientific research. We sincerely hope for future opportunities to submit to your journal and look forward to the possibility of collaborating with your journal again.

(2) Company editor-in-chief:

I recommend the manuscript to be published in the World Journal of Gastrointestinal Oncology.

When revising the manuscript, it is recommended that the author supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply PubMed, or a new tool, the Reference Citation Analysis (RCA), of which data source is PubMed. RCA is a unique artificial intelligence system for citation index evaluation of medical science and life science literature. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>, or visit PubMed at: <https://pubmed.ncbi.nlm.nih.gov/>.

Response:

In order to supplement and improve the highlights of the latest cutting-edge research results, to further improve the content of the manuscript, we used the *Reference Citation Analysis (RCA)* to carefully review the latest literature and added content and references on primary pancreatic lymphoma in the discussion section of the revised manuscript. The specific content is highlighted in yellow in the revised draft. These documents are as follows :

A. C. Orsini-Arman, R. C. T. Surjan, F. E. Venco, J. C. Ardengh. Primary Pancreatic Lymphoma: Endosonography-Guided Tissue Acquisition Diagnosis. Cureus, 2023 15:e34936 [PMID: 36938243 DOI: 10.7759/cureus.34936]

Round 2

Reviewer #1:

Specific Comments to Authors:

Thanks for making the changes in the case report. However, there still remains problems in the case and the discussion and conclusions drawn on the basis of this case. I have gain suggested as comments in the manuscript. Please see if these can be corrected, otherwise in the present format, it does not give a clear message except about the case being rare.

Response:

We feel great thanks for your professional review work on our article. As you are concerned, several details need to be improved. these detailed corrections are listed below. Based on the first round of review comments, we have added the following contents:

1. P3, Line 20, we have corrected the "PTCLs" into "PTCL".
2. P6, Line 6-7, we have changed "Not accompanied by jaundice. No hepatosplenomegaly was touched." to "not accompanied by jaundice and hepatosplenomegal."
3. P6, Line 15 and 23, P7, Line 1 and 9, about "+ADw-html +AD4APA-p+AD4-" and "+ADw-/p+AD4APA -/html+AD4-", these garbled characters were errors that occurred during the process of uploading the manuscript to the F6 system. We have removed them from the manuscript. Thank you again for your careful inspection.
4. Question (P6, Line 26): No mention about the biopsy, where was the biopsy taken from?

In our manuscript, "**FURTHER DIAGNOSTIC WORK-UP**" is one of the most important parts, but unfortunately, it was not displayed in the final generated document during the upload process to the F6 system. We will present this part below.

FURTHER DIAGNOSTIC WORK-UP

The patient has experienced that analysis of the tumor abnormal protein (TAP) concentration revealed that the condensed matter area was 168.715. Then, we performed endoscopic EUS-FNA and successfully obtained biopsy tissue from the pancreatic head. During surgery, a mass approximately 8 cm in diameter was found in the head of the pancreas, and the mass had invaded the mesenteric root vessels. Intraoperative frozen sectioning of the pancreatic head revealed that nuclear hyperchromatic heterotypic cells were observed in fibrous connective tissue, and there was a high likelihood of malignancy. Postoperative pathology revealed T-cell-based non-Hodgkin's lymphoma

with consideration of ALK-negative anaplastic large cell lymphoma and CD30+ peripheral T-cell lymphoma (Figure 2, 3). Based on these pathological results, stained sections were also evaluated independently by six pathologists. Finally, combining the patient's medical history, physical examination, imaging studies, and pathological biopsy, they came to this conclusion: CD30+ PTCL-NOS. Thus, the diagnosis of malignant lymphoma was suspected.

Postoperative pathology via endoscopic ultrasonography-guided fine needle aspiration (EUS-FNA) revealed small lymphocytes and sporadic atypical tissue cells with pleomorphic vesicular nuclei. Immunohistochemistry (IHC) revealed that the interspersed large atypical lymphoid cells were positive for the pan-T-cell markers CD30, vimentin, CD3, P53, CD2, CD4, CD5, CD34 and TIA-1, with a Ki-67 index of 90%, and negative for ALK, CK, CK7, CD56, SyN, CD20, CD10, CD8, MPO, CD79a, Bcl-6 and EBER. Bone marrow biopsy revealed decreased bone marrow proliferation, and immunohistochemistry revealed that the interspersed large atypical lymphoid cells were positive for the T-cell markers CD3, CD56, CD20, CD7, CD79a, and TIA-1 and negative for CD30. Flow cytometry revealed a small number of CD3+CD5-T cells. A total of 8 differential genomic variations were obtained by comparing the results of next-generation sequencing (NGS), which included ERBB4, STAT3, CARD11, B2M, CXCR4, RELN, CDKN2B and CDKN2A, but no first-order variation was found (Table 1). Based on these histological features and immunophenotypes, a diagnosis of primary pancreatic PTCL-NOS was established.

5. P7, Line 20, peripheral T-cell lymphoma (PTCL) has been changed to PTCL.

6. *Question (P9, Line 4): This is not mentioned in the case presentation.*

The relevant explanations of EUS-FNA are presented in this section of the FURTHER DIAGNOSTIC WORK-UP.

7. *Question (P10, Line 11): Again this needs to be mentioned in the main case presentation.*

We have a detailed description of immunohistochemistry in the

“FURTHER DIAGNOSTIC WORK-UP” section.

Thanks for your careful checks. We are sorry for our carelessness. Based on your comments, we have made the corrections to make the word harmonized within the whole manuscript.

P2, Line 4, we have corrected the “agree” into “agreed”.

P6, Line 18 and P8 Line 17, we have changed “colour” to “color”.

P8, Line 9, we have changed “enterorrhaph” to “gastroenterography”.

P10, Line 27, involve has been changed to involves.

P18, the legend of figure 3 is changed to Histopathological examination by hematoxylin-eosin staining (×10).