



SDI Review Form 1.6

Journal Name:	<u>International Journal of Medical and Pharmaceutical Case Reports</u>
Manuscript Number:	Ms_IJMPCR_29229
Title of the Manuscript:	Synchronous thyroid and gastric mantle cell lymphoma.
Type of the Article	Case study

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



SDI Review Form 1.6

PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	<p>GENERAL COMMENTS</p> <p>The authors describe a case of mantle cell lymphoma (MCL), which was diagnosed due to the presence of thyroid involvement, but was also associated with occult gastric involvement at presentation. The term "primary MCL of the thyroid" should be avoided, because, in the presence of gastric involvement, this was not a case of primary thyroid lymphoma. MCL can infiltrate various extranodal sites at presentation, and even more frequently, at relapse. Gastric involvement is not infrequent at relapses and is not routinely evaluated at initial staging. This case is just a combination of two rather infrequent extranodal localizations of the disease but probably is not of any further clinical interest.</p> <p>SPECIFIC COMMENTS</p> <p><i>Major Comments</i></p> <ol style="list-style-type: none"> 1. The term "primary MCL of the thyroid", which is used in the Discussion, should be avoided, because, in the presence of gastric involvement, this was not a case of primary thyroid lymphoma. Cervical lymph nodes were also present on CTs, but it is not clear if they were clinically significant. In fact, this case might be a disseminated MCL with two 	<p>We read the comment.</p> <p>-Primary MCL is avoided</p> <p>- No palpable lymph nodes are mentioned in the case report.</p> <p>-</p> <p>-We add that colonoscopy was not performed.</p>



SDI Review Form 1.6

	<p>infrequent extranodal localizations.</p> <p>2. The findings of the initial CT-based staging should be more precisely reported. It is not clear whether the authors performed colonoscopy to exclude intestinal disease, which is a common occurrence.</p> <p>3. It is still too early to consider the clinical outcome “excellent” in this case on the basis of R-CHOP plus rituximab maintenance data published by Kluin-Nelemans (see below), where the median remission duration had not been reached at 6 years.</p> <p>4. The authors should cite the most important clinical trial of R-CHOP (Kluin-Nelemans, N Engl J Med, 2012), when commenting PFS after R-CHOP and justifying their rituximab maintenance strategy.</p> <p>5. The authors state that R-CHOP is no more the standard treatment for MCL. In fact there is no undisputable standard treatment for MCL. Regimens better than R-CHOP include R-CHOP/R-DHAP plus SCT and R-bendamustine. The relevant trials should be cited in the discussion.</p>	<p>- “The excellent outcome” is removed.</p> <p>- This important clinical is cited.</p> <p>- The relevant trials (regimens better than R-CHOP include R-CHOP/R-DHAP plus SCT and R-bendamustine) were cited in the discussion.</p>
<u>Minor</u> REVISION comments	The use of English language should be improved. Several typing errors should be corrected.	The use of English language was improved
<u>Optional/General</u> comments		