



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>)



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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)
Compulsory REVISION comments	<p>The authors report a rather unique case of simultaneous MCL to the thyroid and stomach, both more commonly involved by MZL. The case has merit as case study.</p> <p>Diagnostic work-up:</p> <ul style="list-style-type: none"> - The performance status (PS) should be clarified at the beginning of the case history: what was his ECOG or Karnofski PS? What were his comorbidities? - Should clarify that this was stage IV - Should report the MIPI - Did you look for autoimmune thyroiditis? Any serologic work up for other autoimmune diseases? Did you consider the possibility of polyglandular autoimmune syndrome? - PET/CT was not used in the staging of this patient. PET/CT is preferred (especially in a patient with a Ki67 of 80%) whenever possible in FDG-avid lymphomas. Was there any reason you did not use it? - What was the % Ki67 in the gastric biopsy? - Did you attempt to establish clonal relationship between the thyroid and gastric MCL through IgH gene rearrangement? <p>Treatment:</p> <ul style="list-style-type: none"> - What is enhanced R-CHOP? Is this maxiCHOP (Nordic regimen)? Or mega-CHOP (dose-dense, dose-intense)? If it's not a recognized regimen, the then doses and schedules should be outlined. 	



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	<ul style="list-style-type: none"> - Your patient went through 8 cycles of some form of intensified R-CHOP, but was not deemed candidate to undergo ASCT. This seems difficult to understand and needs an explanation? Did chemotherapy drastically decrease his PS? Was he able to remain on schedule through induction chemo? - Did you consider CNS prophylaxis given high Ki67 and two extranodal sites? If not, why? What was the MIPI? <p>Discussion In describing the panorama of treatment regimens for advanced MCL, you should mention the Nordic regimen</p> <p>It might also be worth mentioning regimens like BR (the Rummel study), as well as targeted agents in the discussions (e.g. lenalidomide, reviewed inGunnellini et al. AdvHematol. 2012;2012:523842).</p> <p>MINOR POINTS: Line 22: erase particularly” line32: the REST OF THE physical examination.... Line 34 eliminate and particularly” Abbreviations are at times inconsistent (WHO.... GI for gastrointestinal...)</p> <p>FIGURES: I would incorporate Figure 2, 3 and 4 in one figure with 8 panels as follows:</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Thyroid</td> <td style="width: 50%;">Stomach</td> </tr> </table>	Thyroid	Stomach	
Thyroid	Stomach			



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	H&E	H&E		
	CD20	CD20		
	CD5	CD5		
	Cyclin D1	Cyclin D1		
<p>LANGUAGE: This manuscript is disseminated with grammar and lexical imperfections or overt mistakes, too many to enumerate. Please revise with the help of a native English speaker.</p>				
Minor REVISION comments				
Optional/General comments				

Reviewer Details:

Name:	Anonymous
Department, University & Country	Perugia University, Terni, Italy