Author’s response to reviews

Title: Primary central nervous system small lymphocytic lymphoma in the bilateral ventricles: two case reports

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Version: 3 Date: 31 Jul 2019

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Reviewer reports:

akira tenpaku (Reviewer 1): Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format.

Response: Thank you very much for your advice. We have included all comments for the authors in this box according to the Reviewer’s suggestion.

Please overwrite this text when adding your comments to the authors.

Response: We have made a minor revision.

Frédéric London (Reviewer 4): The manuscript is slightly improved compared to the first version. However, there are several issues that should be addressed in this manuscript and are outlined below:

1. As the authors I'm not a native English speaker but English is really poor. There are still so many grammar and spelling mistakes that I wonder if the manuscript was really edited by professionals on English writings.
Response: The revised manuscript was edited for proper English language, grammar, punctuation, spelling, and overall style by one of the highly qualified native English speaking editors at AJE. We hope that this re-edited manuscript would reach the publishable English standard.

2. Headache is an extremely common complaint in the general population, how are the authors sure that it is a symptom of lymphoma in the 2 reported patients? I acknowledge that headache resolved after treatment but follow-up MRI did not show any improvement in patient 1 (while no follow-up MRI is available for patient 2: this last piece of information should be mentioned in the manuscript.).

Response: Actually, we completely agree with the reviewer that headache is an extremely common and non-specific symptom. However, headache is the only complaint of our patients and headache resolved after treatment, so we speculated headache might be related to lesions in the ventricles. Additionally, we have added the information that no follow-up MRI is available for patient 2 according to the Reviewer’s suggestion. (Case presentation section, line 20-21, page 6)

3. I'm quite surprised that the authors state that "local therapy and even no treatment could probably be considered" while their 2 patients were treated aggressively. Moreover, according to my opinion, the follow-up is too short to conclude about the long-term prognosis for patient 1, and very little is known concerning the follow-up of patient 2 (no follow-up MRI available,…).

Response: We are very sorry for our paradoxical statement. Due to the rarity of low-grade PCNSL and the limited data derived from a few case reports and pathological series, no standard therapy is currently available. Most treatment protocols come from the results of high-grade PCNSL. Front-line therapy for high-grade PCNSL consists of high-dose methotrexate-based poly-chemotherapy. Thus our patients received high-dose methotrexate-based chemotherapy. The conclusion that "local therapy and even no treatment could probably be considered" was made by Jahnke’s study. They proposed that less-aggressive treatment might be adopted for low-grade PCNSL due to its relatively indolent clinical course. We have deleted this conclusion and re-written the discussion according to the Reviewer’s suggestion. (Discussion section, line 14-21, page 7) Additionally, we proposed that The prognosis results in our patients require longer-term observations. (Discussion section, line 10, page 7)
4. "Jelinek' report found intraventricular neoplasms frequently caused mass effect and obstructing hydrocephalus." This sentence brings nothing to the discussion and should be removed from the manuscript.

Response: Thank you very much for your advice. Per your request, we removed this sentence from the manuscript.

5. "In addition, benign conditions differential diagnosis should be considered such as toxoplasmosis and demyelinating disorders." I strongly disagree that CNS toxoplasmosis and demyelinating disorders are benign conditions.

Response: Thank you very much for your advice. We removed this sentence from the manuscript.

6. "sometimes biopsy is usually required." Is a biopsy 'sometimes' or 'usually' required?

Response: We are very sorry for our incorrect expression, and we have made correction according to the Reviewer’s comments. The statements of “sometimes biopsy is usually required” were corrected as “brain biopsy is required to confirm the diagnosis”. (Discussion section, line 15-16, page 8)

7. Intraventricular involvement by other types of PCNS lymphoma has been previously reported but this is not mentioned in the revised version of the manuscript.

Response: We are very sorry for our negligence. In the revised manuscript, we mentioned that differential diagnosis must be made with other types of PCNS lymphoma involved in the ventricles and added the references. (Discussion section, line 12-13, page 8)