Reviewer's report

Title: Secondary pulmonary alveolar proteinosis: A Single-center Retrospective Study (A case series and literature review)

Version: 0 Date: 11 Oct 2017

Reviewer: Shinya Ohkouchi

Reviewer's report:

Dear Editor and Author

Manuscript ID: PULM-D-17-00400 entitled "Secondary pulmonary alveolar proteinosis: A Single-center Retrospective Study (A case series and literature review)" which author submitted to BMC Pulmonary Medicine, has been evaluated. In this paper, the author mentions the experience of Secondary pulmonary alveolar proteinosis (sPAP) in a single center of respiratory medicine in China. This report is very small and they tend to extend their limited experience to whole things. Some results and discussions may mislead the readers. However, sPAP is very rare disease and there are few reports about sPAP in many countries. For the spreading of the notion of this disease in worldwide, the publication in BMC Pulmonary Medicine is acceptable, if they respond following comments adequately.

Comments

1. sPAP is a rare and a difficult disease to diagnose for the physician. Probably, many sPAP patients are diagnosed other diseases such as non-specific interstitial pneumonia. The author mentioned the prevalence rate of pulmonary alveolar proteinosis (PAP) by quoting one article of Israel group (Page 3, line 3). However, Japanese physician group report different prevalence rate of PAP in Japan in AJRCCM 2008 177 p.752. The prevalence of sPAP may be various degrees because the medical system and facilities are different in each countries. They should mention this thing in the paper.

2. There is no description of the threshold of GM-CSF antibody differentiating aPAP or non-aPAP (Page 3, Line 29).

3. How about ethnic composition of nine patients with sPAP? (Page 3 Line 40).

4. Author should mention the subtypes of MDS (RA, RARS etc.) (Page 4 Line 7).
5. GATA2 mutation is not main cause of s-PAP. s-PAP is accompanied with several hematologic diseases with different pathologies. They should mention other causes of s-PAP reported in several articles.

6. MDS is main population in Japanese s-PAP patients however leukemia is main population in Caucasian s-PAP patients. The deviation suggests ethnic or other variation of s-PAP. The author ignore this ethnic problem. Therefore, the selection methods of the article in Table 2 and Figure 1 are insensible. Table 2 and Figure 1 are meaningless and may mislead the readers. They should remove Table 2 and Figure 1.

7. Most interesting things in the article are the high rate of MDS and Tbc and the good prognosis of Tbc cases. The presentation of the representable cases are more informative for the readers.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

No

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published
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