Author’s response to reviews

Title: The impact of early diagnosis on the prognosis of extranodal NK/T-cell lymphoma with massive lung involvement: A case report

Authors:
Tomohiro Yabushita (yabishita527@gmail.com)
Satoshi Yoshioka (satoseay@kcho.jp)
Takeru Furumiya (tfurumiya@ab.auone-net.jp)
Momoko Nakamura (momokonakamura2014@gmail.com)
Daisuke Yamashita (daisuke_yamashita@kcho.jp)
Yukihiro Imai (yukiimai@kcho.jp)
Takayuki Ishikawa (ishikawa@kcho.jp)

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Author’s response to reviews:

June 13, 2018
Re: Manuscript ID PULM-D-17-00575R1

Dear Dr. Cecilia Devoto, Editor of BMC pulmonary medicine

We are grateful to you and the reviewer for the thoughtful comments on our manuscript entitled "The impact of early diagnosis on the prognosis of extranodal NK/T-cell lymphoma with massive lung involvement: A case report." We are very pleased that the reviewer considered our work interesting. We have revised the text (highlighted in red) as appropriate, and provided specific point-by-point responses to the reviewer’s comments in the following pages.

Please let me know if we can provide any further information. We trust that our manuscript is now suitable for publication in BMC pulmonary medicine.

Thank you for your consideration. We look forward to hearing from you.
Sincerely,

Satoshi Yoshioka, M.D., Ph.D.
Chief Physician
Department of Hematology
Kobe City Medical Center General Hospital,
2-1-1, Minatojimaminamimachi, Chuo-ku,
Kobe, 650-0047, Japan
TEL: +81-78-302-4321
FAX: +81-78-302-7537
E-mail: satoseay@kcho.jp

Responses to Reviewer’s comments

Reviewer #1: This is an interesting case of NK/T cell lymphoma with lung involvement, who achieved a complete remission with intensive chemotherapy and was consolidated using allogeneic HCT. It would be informative to have the following:

1. SUV of lesions

2. Higher power H&E

3. More detail on transplant: Precise conditioning regimen including TBI dose, single or double cord, GVHD prophylaxis, and major events after transplant.

Response: Thank you very much for the comment. In accordance with your comment, we added 1) the image of PET/CT scan (figure 2 & Page17, line 7-11) and SUV maximum value of the main lung lesions and lymph nodes (Page 6, line 14-16), 2) the partially expanded image of H&E staining (Figure 3 & Page17, line16-17) and 3) the more detailed information on transplant (Page 7, line 17-Page 8, line8).

4. An overview of outcomes of allo-HCT for extranodal NK/T lymphomas regardless of lung involvement. This might require including a lymphoma transplanter as an author to provide a transplant perspective. The reader ideally wants to know whether allo-HCT is a good option or not. A single case report is nice, but not very informative unless supplemented by more focused discussion.

Response: Thank you very much for the important advice. The optimal indication and timing of allo-SCT for advanced ENKL remains unsolved, because of its infrequent incidence. We consider that allogenic HSCT is one of the optional curative strategies as consolidative treatment after the first-line chemotherapy. We have quoted some previous studies and added some discussions about the indication of transplantation (Page 11, line11 – Page12, line14).
Reviewer #2: This is a very interesting case report concerning a very rare disease. I think that the most important issue of the paper is the diagnostic suggestion and I think that authors must underline strongly the importance to obtain an adequate sample for diagnosis when this disease is suspected.

Due to the very unusual therapy (the use in first line as consolidation of allogeneic transplant) even if really effective I think that authors could specify some points: - The use of allogeneic transplant should not be considered as a consolidation (no data at the moment)

Response: Thank you very much for your kind advice. As you pointed out, we have no available data about the priority of either autologous or allogeneic HSCT. To clarify this, we have quoted some previous studies and added some discussions about the indication of transplantation (Page 11, lines 11 – Page12, line14).

- Does the patient present any grade of chronic GVHD and how they are managed

- Some more details of allogeneic treatment (the source of stem cells, which immunosuppressive therapy used and so on)

Response: Thank you very much for the comment. In accordance with your comment, we added more detailed information about allogeneic treatment and chronic GVHD (Page 7, line 17-Page 8, line8).