



ISSN NO. 2320-5407

ISSN(O): 2320-5407 | ISSN(P): 3107-4928

# International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

## REVIEWER'S REPORT

Manuscript No.: IJAR-57429

Title: Extranodal NK/T-cell lymphoma nasal type with cerebral involvement : a case report,

### Recommendation:

Accept as it is .....

Accept after minor revision.....

**Accept after major revision .....YES**

Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		√		
Techn. Quality			√	
Clarity				√
Significance		√		

Reviewer's ID: JPR-094

### Detailed Reviewer's Report

# **\*\*Reviewer Report\*\***

##  **\*\*1. Strengths\*\***

**\*\*Clinically relevant rare case\*\***: The manuscript presents a rare and aggressive form of extranodal NK/T-cell lymphoma (ENKTL) with central nervous system involvement, which is **\*\*uncommon and clinically significant\*\***.

**\*\*Good diagnostic narrative\*\***: The case effectively highlights **\*\*diagnostic challenges\*\***, especially confusion with granulomatosis with polyangiitis.

**\*\*Use of advanced imaging\*\***: Inclusion of FDG PET-CT findings strengthens the clinical value and demonstrates modern diagnostic approaches.

**\*\*Comprehensive discussion\*\***: The discussion section adequately covers:

\* **Epidemiology**

\* **Pathogenesis (EBV association)**

## REVIEWER'S REPORT

\* Treatment strategies (asparaginase-based regimens)

\* **Educational value**: Emphasizes the importance of:

\* Repeated biopsies

\* Multidisciplinary management

### ## **2. Weaknesses**

\* **Major language and formatting issues**:

\* Frequent spacing errors (e.g., **“cerebralinvolvement”**, **“NK/T-celllymphoma”**)

\* Typographical errors (e.g., **“asparginasd-based”**)

\* Poor sentence structure in several sections

Requires **extensive English editing**

\* **Lack of ethical statements**:

\* No mention of:

\* Patient consent

\* Ethical approval

Mandatory for case reports

\* **Incomplete figure/table presentation**:

\* Figures are referenced but not properly formatted or embedded

## REVIEWER'S REPORT

\* Table formatting is inconsistent

\* **\*\*Staging inconsistency\*\***:

\* The manuscript mentions **\*\*Stage VI\*\***, whereas the **\*\*Lugano Classification\*\*** only defines stages I–IV

This is a **\*\*critical scientific error\*\***

\* **\*\*Limited novelty discussion\*\***:

\* The manuscript does not clearly explain:

\* What makes this case unique compared to existing literature

\* **\*\*Therapeutic details insufficient\*\***:

\* **MOGAD protocol mentioned but:**

\* No dosing details

\* No rationale for selection over other regimens

### ## **\*\*3. Key Points\*\***

\* **ENKTL is a rare, aggressive lymphoma strongly associated with **\*\*Epstein-Barr virus\*\*****

\* **CNS involvement is **\*\*rare (2–9%) but prognostically poor\*\*****

\* **Diagnosis is challenging due to:**

## REVIEWER'S REPORT

- \* **Overlap with inflammatory diseases like **Granulomatosis with polyangiitis****
- \* **Frequent false-negative biopsies**
- \* **FDG PET-CT** plays a crucial role in:
  - \* **Staging**
  - \* **Detecting occult disease**
- \* **Asparaginase-based chemotherapy is preferred over anthracycline-based regimens**

### ## **4. Significance**

- \* **Adds to the limited literature on **ENKTL with cerebral involvement****
- \* **Highlights:**
  - \* **Diagnostic pitfalls**
  - \* **Importance of repeated biopsies**
  - \* **Role of advanced imaging**
- \* **Potentially useful for:**
  - \* **Oncologists**
  - \* **Pathologists**
  - \* **Radiologists**

However, the **scientific impact is moderate**, as it is a single case report unless novelty is better emphasized.

### ## **5. Recommendation**

## REVIEWER'S REPORT

**### \*\*Decision: MAJOR REVISION REQUIRED\*\***

**## \*\*6. Specific Recommendations for Improvement\*\***

**### Technical Corrections**

**\* Correct all \*\*language, grammar, and spacing errors\*\***

**\* Standardize terminology (e.g., NK/T-cell lymphoma)**

**### Scientific Corrections**

**\* Fix \*\*staging error (Stage VI → correct to Stage IV)\*\***

**\* Clarify:**

**\* Treatment protocol details**

**\* Follow-up duration and outcome**

**### Structural Improvements**

**\* Add:**

**\* Ethical approval statement**

**\* Informed patient consent**

**\* Improve:**

**\* Figure quality and captions**

**\* Table formatting**

## REVIEWER'S REPORT

### ### Content Enhancement

#### \* Strengthen novelty by:

- \* Comparing with previously reported CNS cases
- \* Add brief literature comparison table (optional but recommended)

#### ## \*\*Final Comment\*\*

The manuscript presents a **clinically valuable and rare case**, but **major revisions are necessary** to address critical scientific inaccuracies, improve clarity, and meet publication standards.

#### # **Reviewer Justification for Major Revision**

#### ## **Overall Reason for Major Revision**

The manuscript contains:

- Critical scientific error (incorrect staging)**
- Extensive language and formatting issues**
- Missing ethical requirements**
- Incomplete methodological clarity**

These issues affect **scientific validity, clarity, and publication standards**, therefore **major revision is required (not minor)**.

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## REVIEWER'S REPORT

**## \*\*Title (Line 1)\*\***

**\*\*Issue:\*\***

\* “NK/T-cellymphoma” and “withcerebralinvolvement” → spacing errors

**\*\*Justification:\*\***

\* Affects indexing, readability, and professionalism

**## \*\*Abstract Section\*\***

**### Lines 8–12**

**\*\*Issue:\*\***

\* Multiple spacing errors: “aggressivesubtype”,  
“profileincludingangiocentricgrowth”

**\*\*Justification:\*\***

\* Reduces readability and scientific clarity

**### Line 11**

**\*\*Issue:\*\***

## REVIEWER'S REPORT

**\* Mention of Epstein-Barr virus is correct but lacks proper sentence structure**

**\*\*Justification:\*\***

**\* Needs grammatical revision for scientific tone**

**### Lines 17–18**

**\*\*Issue:\*\***

**\* Mention of Granulomatosis with polyangiitis without proper differential discussion**

**\*\*Justification:\*\***

**\* Weakens clinical reasoning in abstract**

**### Line 20**

**\*\*Issue:\*\***

**\* “MOGAD protocol” not explained**

**\*\*Justification:\*\***

**\* Abstract must be self-contained**

## REVIEWER'S REPORT

**### Line 21**

**\*\*Issue:\*\***

\* “incompletemetabolicresponse” → formatting error

**### Lines 23–24**

**\*\*Issue:\*\***

\* “shouldbesuspected”, “poorprognosis”

**\*\*Justification:\*\***

\* Extensive proofreading required

**## \*\*Keywords (Line 29–30)\*\***

**\*\*Issue:\*\***

\* “asparinasd-basedchemotherapy” → spelling error

**\*\*Justification:\*\***

## REVIEWER'S REPORT

\* **Keywords affect indexing → critical**

## **\*\*Introduction (Lines 44–54)\*\***

**\*\*Issue:\*\***

\* **Repetition of background already stated in abstract**

\* **No clear **\*\*novelty statement\*\*****

**\*\*Justification:\*\***

\* **Weak positioning of manuscript contribution**

## **\*\*Case Report Section\*\***

### **Lines 57–59**

**\*\*Issue:\*\***

\* **“crustedrhinorrhea”, “centrofaciallesions”**

**\*\*Justification:\*\***

\* **Poor readability**

### **Lines 62–63**

## REVIEWER'S REPORT

**\*\*Issue:\*\***

\* Sentence merging: “non63 contributory”

**\*\*Justification:\*\***

\* Formatting/typing error

**## \*\*Histopathology (Lines 74–81)\*\***

**\*\*Issue:\*\***

\* “Histopathologicalexamination” (spacing)

\* Good content but poorly formatted

**\*\*Justification:\*\***

\* Requires language polishing, not conceptual correction

**## \*\*Critical Scientific Error\*\***

**### \*\*Line 96\*\***

**\*\*Issue:\*\***

\* “Stage VI according to Lugano Classification”

**\*\*Justification:\*\***

## REVIEWER'S REPORT

**\* Lugano system has *\*\*only Stage I–IV\*\****

**\* This is a *\*\*major factual error affecting scientific validity\*\****

***\*\*This alone justifies MAJOR REVISION\*\****

**## *\*\*Tables and Figures (Lines 82–105)\*\****

***\*\*Issues:\*\****

**\* Figures embedded incorrectly**

**\* Table formatting inconsistent**

**\* Captions not standardized**

***\*\*Justification:\*\****

**\* Not acceptable for journal submission**

**## *\*\*Treatment Section (Lines 109–113)\*\****

***\*\*Issues:\*\****

**\* MOGAD regimen not described (dose, cycle, rationale)**

**\* No justification for avoiding radiotherapy**

***\*\*Justification:\*\****

**\* Weakens clinical relevance**

## REVIEWER'S REPORT

**## \*\*Response Assessment (Lines 114–116)\*\***

**\*\*Issue:\*\***

**\* Deauville scoring explained, but:**

**\* No interpretation specific to patient**

**\*\*Justification:\*\***

**\* Needs case-specific correlation**

**## \*\*Discussion Section\*\***

**### Lines 134–141**

**\*\*Issue:\*\***

**\* Good concept but excessive spacing errors**

**### Lines 142–147**

**\*\*Issue:\*\***

**\* Strong content but poor readability**

## REVIEWER'S REPORT

**### Lines 154–156**

**\*\*Issue:\*\***

**\* CNS involvement described but:**

**\* No comparison with similar published cases**

**\*\*Justification:\*\***

**\* Limits novelty**

**### Lines 171–175**

**\*\*Issue:\*\***

**\* Regimens (SMILE, MOGAD) mentioned without:**

**\* Comparative explanation**

**### Lines 184–186**

**\*\*Issue:\*\***

## REVIEWER'S REPORT

\* CNS therapy discussed but:

\* No link to patient management

## **\*\*Conclusion (Lines 189–193)\*\***

**\*\*Issue:\*\***

\* Language errors persist

\* Lacks strong “take-home message”

## **\*\*Ethical & Reporting Issues (Missing Section)\*\***

**\*\*Critical Missing Components:\*\***

\*  Patient consent statement

\*  Ethical approval

\*  Conflict of interest

\*  Funding disclosure

**\*\*Mandatory for publication → Major Revision\*\***

# **\*\*Why NOT Minor Revision?\*\***

Minor revision is given when:

## REVIEWER'S REPORT

**\* Only small corrections needed**

**Your manuscript has:**

**\* Scientific error (staging)**

**\* Language issues throughout (~50+ errors)**

**\* Missing ethical compliance**

**\* Weak methodological clarity**

**Therefore: \*\*Major Revision is justified\*\***

#  **\*\*Final Reviewer Decision\*\***

**\*\*MAJOR REVISION REQUIRED\*\***

# **\*\*If You Fix These, It Can Be Accepted\*\***

**Focus on:**

- 1. Correct staging (most critical)**
- 2. Full English editing**
- 3. Add ethical statements**
- 4. Improve figures/tables**
- 5. Strengthen novelty discussion**