OPEN PEER REVIEW

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As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://brieflands.com/briefland/knowledgebase/category/tree.html#opr.html

International Journal of Cancer Management
Article DOI: 10.5812/ijcm.107834
Published in: International Journal of Cancer Management: 13(12); e107834

Peer Review Report for "The Correlation Between Apparent Diffusion Coefficient (ADC) and Relative Cerebral Blood Volume (rCBV) with Ki-67 Expression in Central Nervous System Lymphoma"

Author(s): Nguyen Duy Hung, Nguyen Minh Duc, Ta Hong Nhung, Le Thanh Dung, Bui Van Giang, Nguyen Duy Hue

Review Timeline:

Submit Date:	26 Jul 2020
Revised Date:	13 Oct 2020
Accepted Date:	14 Oct 2020

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0) — 9 Aug 2020

Dear AE,
The authors should consider the reviewed items in the attached file in your revised manuscript.
Thanks

REFEREE: Associate Editor | **Revision** (0) — 11 Aug 2020

Dear EIC,
The manuscript is studied, and there are some comments which should be addressed by the author. According to the comments, the document needs major revision.
Kind regards,

REFEREE: EIC | **Revision** (0) — 11 Aug 2020

Dear authors,

Please revise your manuscript according to the reviewers' comments.

Thanks

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Aug 30, 2020

Dear Editor

Thank you for giving us the opportunity to improve and resubmit our manuscript "**The Correlation between ADC and rCBV with Ki-67 Expression in CNS Lymphoma"** ID: 107834

Please find enclosed the revised manuscript for further consideration. The manuscript has been revised according to the comments raised by the reviewer to the best of our ability. Please find a detailed reply to the reviewer comments attached to this revision. We would like to thank the reviewers for the constructive and competent criticism, and we hope that our manuscript will be acceptable for publication in your journal.

I look forward to hearing from you.

Best regards,

Nguyen Minh Duc

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Email: bsnguyenminhduc@pnt.edu.vn

RESPONSE TO REVIEWER

1) Does INTRODUCTION include: “What we know”, “What we don’t know” and “Aims” of current study?

* We are thankful to reviewer’s comment. As introducing below, we have described the background of this topic along with what we know and what we don’t know in current literature accompanied by the aim of this study which investigating both correlations among ADC and rCBV values and the Ki-67 proliferation index in CNS lymphoma. We hope our explanation make reviewer feel satisfactory.

“Several studies have reported increased ADC values in response to tumor cell proliferation inhibitors (11). However, studies examining the correlation between ADC values and the Ki-67 proliferation index are limited (10,12). In addition, few studies have examined the correlation between rCBV values and the Ki-67 proliferation index in CNS lymphoma, although several studies have examined this correlation for other intracranial tumors (13,14).

Therefore, this study aimed to analyze the correlations among ADC and rCBV values and the Ki-67 proliferation index in CNS lymphoma. ”

2) Is the subject of the manuscript important and original? (Is the information, or the interpretation of the information, new?)

* We are thankful to reviewer’s comment. This study aimed to analyze the correlations among ADC and rCBV values and the Ki-67 proliferation index in CNS lymphoma. It is noted that the evidence about ADC, rCBV correlated with Ki-67 was not abundant. Thus we believe that this study itself will contribute knowledge to the existing literature. We hope reviewer also find it too.

3) Are inclusion/exclusion criteria explained?

* We are thankful to reviewer’s comment. We have rewritten this part as reviewer’s recommendation to clarify. We hope that our revision make reviewer feel appropriate.

“From August 2019 to March 2020, 26 patients (14 men and 12 women, aged 18 to 82 years, with an average age of 58 years) who underwent biopsy or surgery at Viet Duc and National Cancer hospitals, with the histopathological confirmation of CNS lymphoma, were included in this retrospective study. The patients underwent magnetic resonance imaging (MRI), with results showing intracranial masses, with solid portions larger than 10 mm in diameter. Diffusion acquisitions were performed in 26 examinations, and perfusion acquisitions were

performed in 10 examinations. Immunohistochemistry results for the Ki-67 proliferation index were available for all cases. We did not collect patients diagnosed as CNS lymphoma without histopathological findings and treated by chemotherapy before MRI scanning. Ethical clearance received from the institute ethics committee (Ref: 2967/QĐ-DHYHN), with a waiver of informed consent”

4) Are ethical considerations explained?

* We are grateful to reviewer’s comment. We have rewritten this part as reviewer’s recommendation to clarify. We hope that our revision make reviewer feel appropriate.

“Ethical clearance received from the institute ethics committee (Ref: 2967/QĐ-DHYHN), with a waiver of informed consent”

5) Are the studied sample adequate?

* We are grateful to reviewer’s comment. We have re-emphazised this problem in the limitation part. We hope that our revision make reviewer feel appropriate.

“Our study had some limitations. First, our study included a small sample size, particularly for rCBV data. Secondly, primary and secondary CNS lymphomas are different; however, in this study due to small sample size, we cannot perform the comparison of subgroups of lymphoma”

6) Do the authors describe new or substantially modified methods, give reasons for using them, and evaluate their limitations?

* We are grateful to reviewer’s comment. We have rewritten as reviewer’s instruction in the discussion part. We hope that our revision make reviewer feel satisfactory.

“A previous research demonstrated the ADC values representing tumor density and proliferation (11). However, experiments exploring the association between the ADC values and the Ki-67 proliferation index in CNS lymphoma were not widespread (10,12). In addition, the association between rCBV values and Ki-67 proliferation index in CNS lymphoma has been tested in a few reports (13,14). In this analysis, we noted that no substantial correlations between the rCBV value and the Ki-67 proliferation index were reported, and significantly negative correlations with the ADC parameters and Ki-67 proliferation index in CNS lymphoma were observed”.

7) The subject has not enough novelty and due to small sample size some results are not reliable esp. for rCBV.

* We are grateful to reviewer’s comment. We have rewritten as reviewer’s instruction in the limitation part. We hope that our revision make reviewer feel satisfactory.

“Our study had some limitations. First, our study included a small sample size, particularly for rCBV data. Secondly, primary and secondary CNS lymphomas are different; however, in this study due to small sample size, we cannot perform the comparison of subgroups of lymphoma. Although no correlation was observed between rCBV and ADC values, further studies with larger sample sizes must be performed to validate these findings.”

8) The radiologic presentations of primary and secondary CNS lymphoma are different in brain and this study by small sample size, particularly for rCBV data and due to inhomogeneity of cases which included both primary and secondary CNS lymphoma groups has some limitations for results. In primary and secondary CNS lymphoma the brain lesions are usually not similar I recommend to write the manuscript with more cases of CNS lymphoma and in two separate groups as primary and secondary CNS lymphoma.

* We are grateful to reviewer’s comment. We have rewritten as reviewer’s instruction in the limitation part. We hope that our revision make reviewer feel satisfactory.

“Our study had some limitations. First, our study included a small sample size, particularly for rCBV data. Secondly, primary and secondary CNS lymphomas are different; however, in this study due to small sample size, we cannot perform the comparison of subgroups of lymphoma. Although no correlation was observed between rCBV and ADC values, further studies with larger sample sizes must be performed to validate these findings. Thirdly, the manual counting of Ki-67-positive cells may have affected the final results, and future studies should consider the use of automatic counting. Finally, the investigation of the correlations among rCBV, ADC, and Ki-67 should be performed within subgroups of CNS lymphomas.”

9) In line 216 word "CBS" is incorrect. 216 showed no correlation between rCBV values and the Ki-67 proliferation index in CBS(CNS)

* Done as requested.

OPEN PEER REVIEW

Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

Sharareh Seifi: Reviewer | **Revision** (1) — 6 Sep 2020

Dear AE,
The article is printable, taking into account the corrections made to the article.
Thanks

REFEREE: Associate Editor | **Revision** (1) — 12 Oct 2020

Dear EIC
The reviewer(s) have recommended publication, but also suggest some minor revisions to the manuscript. Therefore, I invite the author to respond to the reviewer(s)' comments and revise his manuscript.
Kind regards,

REFEREE: EIC | **Revision** (1) — 12 Oct 2020

Dear authors,
Please revise your manuscript according to the associate editor's comments.
Thanks

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

October 12, 2020

Dear Editor

Thank you for giving us the opportunity to improve and resubmit our manuscript "**The Correlation between Apparent Diffusion Coefficient and Relative Cerebral Blood Volume with Ki-67 Expression in Central Nervous System Lymphoma**" ID: 107834 Round 2

Please find enclosed the revised manuscript for further consideration. The manuscript has been revised according to the comments raised by the reviewer to the best of our ability. Please find a detailed reply to the reviewer comments attached to this revision. We would like to thank the reviewers for the constructive and competent criticism, and we hope that our manuscript will be acceptable for publication in your journal.

I look forward to hearing from you.

Best regards,

Nguyen Minh Duc

Department of Radiology - Pham Ngoc Thach University of Medicine

Email: bsnguyenminhduc@pnt.edu.vn

RESPONSE TO REVIEWER and EDITOR

1) Reviewer 1:

The article is printable, taking into account the corrections made to the article.

* We are thankful to reviewer’s comment.

2) Associate editor

1. All abbreviations should be defined when they are used for the first time, both in the title, abstract, and manuscript body, each one separately.

* We are thankful to associate editor’s comment. We have revised accordingly as instruction. We hope our revision make editor feel satisfactory.

2. In the keywords section, "CNS lymphoma", "ADC", and "rCBV" and "Ki-67" are not MeSH terms. Keywords should be selected from MeSH main heading terms which can be found at "MeSH Browser".

* We are thankful to associate editor’s comment. We have revised accordingly as instruction. We hope our revision make editor feel satisfactory. About Ki-67, it is corrected, please kindly check these links.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5945335/

https://pubmed.ncbi.nlm.nih.gov/30653951/

OPEN PEER REVIEW

Revision (2)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: EIC | **Revision** (2) 14 Oct 2020

Dear authors,

Thank you for revising your manuscript.

Thanks