27-January-2023

Dear Prof Dr. Nearmeen Rashad,

You submitted a manuscript ID AJGH-2301-1028 entitled "Clinical significance of LncRNA-MIAT as a non-invasive diagnostic marker of non-Hodgkin's lymphoma associated with occult hepatitis C virus infection." to the African Journal of gastroenterology and hepatology.  The reviewer's comments (s) are included at the end of this email.

The reviewers have requested revisions to your manuscript.  Therefore, I invite you to respond to the reviewers' comments and revise your manuscript. Instructions on how to do this can be found at the bottom of this email.

Because we are trying to facilitate the timely publication of manuscripts submitted to the African journal of gastroenterology and hepatology, your revised manuscript should be submitted as soon as possible.

Once again, thank you for submitting your manuscript to the African Journal of gastroenterology and hepatology, and I look forward to receiving your revision.

Sincerely,

Salem Y Mohamed

Chief Editor, African Journal of gastroenterology and hepatology

Please, revise your manuscript using a word processing program and save it on your computer.  Please also highlight the changes to your manuscript within the document using the track changes mode in MS Word or using bold or colored text.

Once the revised manuscript is prepared, you can send it to me via email.

Please provide your responses and details of changes made to each comment in an Author Response Letter when submitting your revised manuscript.  To expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewers.

**Reviewer Comments to Author:**

**Reviewer1:**

1- tiny sample size.

2- the control group should equal the case in a number.

3- inclusion criteria and exclusion criteria must be clarified.

4- abbreviations must be mentioned in detail.

5- prevalence of HCV in non-Hodgkin's lymphoma must be clarified in this study.

6- comparison between your marker and other diagnostic tools to detect its role.

7- the title of the paper is concise for occult hepatitis C 6 patients only.

**Reviewer 2:**

Introduction ‎

‎1.‎ Evolving evidence suggests that lncRNA Myocardial Infarction Associated ‎Transcript (MIAT) dysregulation is associated with different ‎cancers. please add more data and details about Lnc RNA-MAIT and cancers ‎with more references, and previous studies have been done on this topic ‎

‎2.‎ Sample size is small?‎

‎3.‎ Primary mediastinal large B-cell lymphoma, testicular, and primary DLBCL ‎of the central nervous system were excluded; causes of exclusion?‎

‎4.‎ Blood samples were drawn from all subjects enrolled; what about BM ‎‎, methods, and site of bone marrow aspirate in the control group?‎

‎5.‎ Criterial of the control group? Is bone marrow aspirated for this study or ‎another hematological cause?‎

‎6.‎ Methods of diagnosis of occult of HCV in all groups?‎

‎7.‎ Please add the laboratories and clinical data .done for patients in ‎methodology (subjects).‎

‎8.‎ It is logical to find significant differences between ‎ NHL and the control group, ‎but what about the difference between patients with NHL with or without occult ‎HCV infection?‎

‎9.‎ In patients with overt HCV ab, received DAAS?‎

‎10.‎ we aimed in the current research to investigate LncRNA-MIAT in patients ‎with NHL and to assess its correlation with clinicopathological features and ‎progression of NHLs among Egyptian patients with OCI- HCV, in the title you ‎investigate as a non-invasive diagnostic marker of non-Hodgkin's lymphoma ‎associated with occult hepatitis C virus infection, but you investigate it in ‎already diagnosed and confirmed cases ‎

**Reviewer 3:**

Many thanks for nominating me to review this manuscript demonstrating the Clinical significance of LncRNA-MIAT as a non-invasive diagnostic marker of non-Hodgkin's lymphoma associated with occult hepatitis C virus infection.

I observe minor revisions from a pathologic point of view, and I recommend paper acceptance after revision.

1- Small sample size is one of the significant limitations of this study; the study was conducted on a common disease. However, only 20 cases were included; why?

2- This research was the first study that explores the relative expression level of lncRNA MIAT in Egyptian patients with NHL to find an early and non-invasive biomarker of NHL, in particular, NHL associated with OCI. This paragraph was written in results, although it showed no results, so it is better to mention them in the discussion than in the result section.

3- We in the current research designed; please delete 'We' and avoid its repetition

4- Circulatory lncRNA-MIAT may serve as a promising non-invasive diagnostic, prognostic, and predictive biomarker. How can you conclude that although there is no follow-up in this study?

5- Correct some grammar & writing mistakes

**Reviewer 4:**

Thanks for your thorough work and the effort that has been done into this research.

1-A file has been uploaded with notes. Please read carefully and correct the requested notes.

2- The introduction should add a more detailed paragraph about (INC -RNA/IMIAT) pathophysiology.

3-You should have mentioned your study's date and data collection date from.... to.....?

4-BMA is optional for all cases as BMB is already enough, so what is your rationale for BMA and BMB together?

5-Hepatitis B examination should be done for all your patients, and also, you have some patients who have already received rituximab. So, it is a weak point in your study to ignore it.

6-why did you not include the child-Pugh score in your patient evaluation and selection data?

7-Did you use PET-CT for any of your patients at primary diagnosis?

8-References should be written in one style, e.g., APA style

9-English editing should be done as there are too many grammatical mistakes.

10- check the uploaded file.

**Editor Comments to Author:**

1. Please check the author names and affiliations included on your Title Page, mainly that the spelling of all authors' names is correct. They are cited in the order you wish them to appear in the final article. In addition, each author's affiliation details are correct.

2. Please include a 'Structured Abstract': not more than 250 words, broken down into, i.e., Aims, Patients & Methods/Materials & Methods, Results, and Conclusions. For authors presenting the results of clinical trials, the guidelines recommended by CONSORT should be followed when writing the abstract (http://www.consort-statement.org/), and the clinical trial registration number should be included at the end of the abstract, where available.

3. Please include up to 10 keywords in your revised manuscript (including the four keywords you selected as part of the submission process).

4. Please amend the references as per the author's guidelines:

a. References should be numerically listed in the reference section in the order in which they occur in the text.

b. References should appear as a number, i.e., [1, 2] in the text.

c. References should cite three authors et al.: it is our house style to list a maximum of six authors, and if there is more than this, three authors et al.

5. Please ensure that all tables and boxes are titled and cited in the text.

Please find a link to the African Journal of gastroenterology and hepatology Author Guidelines which explains these sections in more detail: <https://ajgh.journals.ekb.eg/journal/authors.note>.

6. please check the PDF file of your manuscript regarding plagiarism checking.

7. Please add the scale bar, annotations, magnifications, and program that generated these figures. Also, it is better to submit figures with high resolution and brightness.