

Review report

BSMMUJ-17.4 – 75378

Ganglioneuromatous polyposis and ileal adenocarcinoma: A case report

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REVIEW COMMENTS	AUTHOR RESPONSE
<p>[Note: Please write the responses to each point here mentioning line number(s). You must change the manuscript as per your response.]</p>	
A. Mechanical review	
Date sent to author: 9-Aug-24	Date: 11-Aug-24
1. Use a single file for the body of the manuscript.	The manuscript has been prepared in a single file.
2. We allow only one data visual, but a collage of pictures can be used. Therefore, you can combine your three figures into one.	The three figures have been combined.
Date sent to author: 13-Aug-24	
Date: 14-Aug-24	
1. The author affiliations are missing from the title page. Write the name of the department and institute (and its address) of each author. ORCID is mandatory for the corresponding author.	The author affiliations and ORCID of the corresponding author have been provided.
B. Technical review	
ROUND 1	
Reviewer's name: Sukriti Das	
ORCID: 0000-0001-7609-6537	
Date assigned: 14-Aug-24	
Date submitted: 27-Mar-24	
Do you have any conflict of interest with the author/s? No	
Do you wish to be disclosed to the author? Yes	
Comments sent to author (Date: 30-Sep-24)	Date: 1-Oct-24
	[Note: Please response if the score is below 6]
How would you rate the originality and depth of the manuscript?	Score: 8 -
Is the manuscript written in a scholarly manner?	8 -
Does the manuscript have the potential to make a valuable contribution to the world of knowledge?	8 -
Does the manuscript meet ethical standards?	8 -
1. Each Reference number will be in short form at the end of the last word.	References have been cited in the manuscript as superscripts after the last word.
2. In CASE DESCRIPTION AND MANAGEMENT, on DRE the rectal wall was devoid of bleed or palpable masses. Page 2, Line 6	The CASE DESCRIPTION AND MANAGEMENT paragraph has been rectified.
3. An increasing number of care reports might lead to recommendations in the future. Page 4, Line 6	The increasing number of case reports has been rectified.
Reviewer's recommendation: Revisions Required	

Executive Editor's name: M Mostafa Zaman	
ORCID: 0000-0002-1736-1342	
1. Please follow the Journal's style for the author contributions and data availability statement.	We have added the Journal mandatories/requirements to the best of our knowledge.
2. Ethical clearance: Although you have not solicited IRB clearance, consent of the patient is mandatory. Please indicate whether you obtained consent.	Added a note regarding consent.
Executive Editor's decision: Revision Required	

C. Editorial decision	Date: 2-Oct-24
Final decision: Accepted subject to editorial clarifications.	